

CHILD, Inc.
HOME CURRICULUM IN-KIND CONTRIBUTION VOUCHER

Child's Name: _____ **Parent/Guardian's Name** _____

Center: Cady Centerville Draper Payan (circle one)

Program: Head Start Early Head Start (circle one)

<u>Date</u>	<u>Activity Performed</u>	<u>Minutes/Hours</u>

Total Time: _____

Receipt of the above services/goods is hereby acknowledged by the undersigned authorized employee. It is understood that the assigned value of these services/goods will be applied to the non-federal share as required by CHILD, Inc. Federal Grants.

Parent/Guardian Signature: _____

Employee Signature: _____