**Matrix Head Start Birth to 5**

**Head Start Home-School Connection Calendar**

 **Apr. 5-18, 2020**

**Parents please initial each activity completed with your child and hand in form to your teacher(s) bi-weekly.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sunday** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** |
| **Let’s Move**(PDH)Move like your favorite animal. | **Let’s Talk**(S/E, LLC, CA)Use bananas as a phone and have a conversation with your child. | **High Five**(S/E)Give someone a high five greeting today. | **Lending Library**(LLC)Sign out book from classroom lending library and read story with your child. (Ask HOW and WHY questions)  | **Shapes**(M)Go on a shape hunt around the house, looking for triangles, rectangles, squares, & circles. | **Family Fun Day**(APL,S/E,)Make a book about your favorite places to go with your family. | **Let’s Pretend**(CA)Dress up as your favorite superhero or character for the day. |
| **Initial \_\_\_\_\_\_\_\_\_\_** | **Initial \_\_\_\_\_\_\_\_\_\_** | **Initial \_\_\_\_\_\_\_\_\_\_** | **Initial \_\_\_\_\_\_\_\_\_\_** | **Initial \_\_\_\_\_\_\_\_\_\_** | **Initial \_\_\_\_\_\_\_\_\_\_** | **Initial \_\_\_\_\_\_\_\_\_\_** |
| **Acts of Kindness**(S/E, SS)Do something kind and helpful for a neighbor. | **Read About It**(LLC)Read books about the weather and discuss what happens in spring. | **Let’s Move**(PDH)Practice doing jumping jacks. | **Lending Library**(LLC)Sign out book from classroom lending library and read story with your child.(Ask HOW and WHY questions) | **Helping Hands**(S/E, SS)Donate old toys and clothes to a shelter. | **Family Fun Day**(S/E, LLC, CA)Play your favorite childhood board game with your child. | **Muffin Measure**(M)Make muffins and measure the ingredients for early math fun! |
| **Initial \_\_\_\_\_\_\_\_\_** | **Initial \_\_\_\_\_\_\_\_\_\_** | **Initial \_\_\_\_\_\_\_\_\_\_** | **Initial \_\_\_\_\_\_\_\_\_\_** | **Initial \_\_\_\_\_\_\_\_\_\_** | **Initial \_\_\_\_\_\_\_\_\_\_** | **Initial \_\_\_\_\_\_\_\_\_\_** |

APL-Approaches to Learning S/E-Social & Emotional PDH- Physical Development & Health LLC-Language, Literacy & Communication M-Mathematics CA-Creative Arts S&T Science and Technology SS-Social Studies

**Parent/Caregiver Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Caregiver Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Center: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Classroom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office Use Only: Tally \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ X . 25 = \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **# of initialed boxes Grand Total**