

Arrowhead Early Head Start and Head Start  
At Home Activities  
December (Approaches to Learning)

You are the first and most important teacher in your child's life. You are helping your child learn everyday by talking, reading, playing, and interacting together. Try some of the fun activities listed on the back of the form with your child. Activities are listed in order of developmental levels, starting with activities for pregnant mothers, infants, toddlers, preschoolers, and then kindergartners. Not only are you helping your child learn by reading books and completing fun activities together, you are also earning In Kind for our program. In Kind hours equals federal dollars that help run our program.

- Please complete this form and give to your child's teacher before the end of the month.

Child's Name \_\_\_\_\_ Site \_\_\_\_\_

Parent/Family Name (**Printed**) \_\_\_\_\_ Signature \_\_\_\_\_ **Total Hours** (all activities-both sides) \_\_\_\_\_

Parent/Family Name (**Printed**) \_\_\_\_\_ Signature \_\_\_\_\_ **Total Hours** (all activities-both sides) \_\_\_\_\_



**December Monthly Book List**  
Language, Literacy, & Communication

Write the title of any books that you read with your child  
and how many times on each line below.



1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

11. \_\_\_\_\_
12. \_\_\_\_\_
13. \_\_\_\_\_
14. \_\_\_\_\_
15. \_\_\_\_\_
16. \_\_\_\_\_
17. \_\_\_\_\_
18. \_\_\_\_\_
19. \_\_\_\_\_
20. \_\_\_\_\_

\*Each book = 15 minutes of In Kind

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- Please write down how many times you completed an activity on the lines below.

**Prenatal Mothers- Birthing Plan:** (30 minutes)

**Number of times activity completed:** \_\_\_\_\_

Start working on your birth plan. Who do you want at the Hospital with you during delivery? Do you want to bring special music to relax to? Do you want to try out any delivery props such as a squatting bar or ball? Do you want to spend part of your labor in water? Do you want pain medication? Do you want someone special to cut the umbilical cord? Write down what you hope to happen for this birthing experience. Please remember that a plan is only a guideline of your wishes. Each hospital, doctor, and birth is different. The health, safety, and wellbeing of you and your child always comes first. For example, you may plan for a natural child birth with no pain medication and then need to have a C-section. Share your plan with your doctor at your next prenatal visit.

**Showing Interest:** (15 minutes)

**Number of times activity completed:** \_\_\_\_\_

Hold baby in your lap. Show baby a safe object (such as a book, photo, rattle, or bright material) approximately one foot away from baby's face. Let baby look at and explore the item. Does baby gaze, reach, grasp, or mouth the object?

**Moving to Choose:** (15 minutes)

**Number of times activity completed:** \_\_\_\_\_

Place baby on the floor. Place baby's favorite items (such as a toy, book, or stuffed animal) on the floor and slightly out of baby's reach. Encourage baby to get an item. Move an item closer if needed, but continue to encourage baby to get an item. Celebrate when baby moves toward an object. What type of movements did baby make? Did baby reach, roll, crawl, or walk for the item?

**Going on a Toy Hunt:** (15 minutes)

**Number of times activity completed:** \_\_\_\_\_

Encourage your child to search for his/her favorite toy, book, or stuffed animal with you. Sing as you move through your home searching, "Where is Teddy? Where is Teddy?" "Here you are." Was your child able to find his/her toy?

**Pet Rock:** (30 minutes)

**Number of times activity completed:** \_\_\_\_\_

Find a smooth rock about the size of your fist. Gather items with your child from around your home or outside that your child could glue onto the rock to decorate their "pet" such as cotton balls, fabric, or even other rocks. Ask your child what he/she is going to use each of the items for. Help your child come up with a plan before he/she starts gluing, such as using a stick for arms. Help your child glue the items they picked out for their pet onto the rock. Ask your child to give their new pet a name.

**Draw Your Day:** (30 minutes)

**Number of times activity completed:** \_\_\_\_\_

Have your child draw or tape pictures from magazines of each activity they did during the day. Cut out each activity into a square. Have your child place the pictures in order of what happened first, second, third, and so on. Talk about the day's activities.

**Family Meal:** (1 hour)

**Number of times activity completed:** \_\_\_\_\_

Ask your child what he/she would like for a family meal. Sit down with your child and plan what is needed for his/her favorite meal. Let your child help gather needed items and ingredients. Help your child measure, stir, and create the meal. Your child can also help set the table and clean up.



Thank you for helping support your child's development and our program!