

Leech Lake Head Start/Early Head Start Classroom Parent Committee Meeting Minutes

Center Name _____	Date of Meeting _____
Time Meeting Started _____	Time Meeting Ended _____

Center Parent Committee Suggestions for Classroom Activities:

Lesson plans reviewed?

Center Parent Committee feedback about classroom curriculum:

Meeting Notes:

Parent Advisory Committee Treasurer's Report
(Report at Each Meeting)

Date of Report _____ Report covers period of _____ to _____

Parent Advisory Committee: _____

Parent Advisory Committee Account Balance: \$ _____

Balance carried over from Last Month's Treasurer's Report \$ _____

Total Amount of Deposits this report period \$ _____

Total Amount of Withdrawals this report period \$ _____

**Receipts are required with all fundraisers, please attach all with your reports.
Do Not Use "Leech Lake Head Start" on any accounts; use your Parent Advisory Committee name.**