BAYFIELD COUNTY CHILD DEVELOPMENT PROJECT RECORD FOR 20____

Name:		Age:
Number of years in Child Development Proj	ect:	
	* * * *	
Something I plan to do or would like to learn	this year:	
Check (✓) Pi	ojects Completed This Year	
Skills Books	Child Reading Material	
Self-Care Project	Child Activity Kit	
Child Safety	Touch Toy	
Puppets	First Aid	
Game or Toy	"Multi-Age Interaction"	
Babysitting/Travel Kit		
Describe one of the projects checked above:		
Describe one of the projects checked above:		

CHILD CARE ACTIVITIES

Date:	Number of Hours:	Ages of Children:	Types of Activities:

PROJECT ACTIVITIES			
(Tours, demonstrations, and other related activities)			

EXHIBIT RECORD

Articles Exhibited:	Where Exhibited:	Placing:
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