**Infant/Toddler Family Activity Calendar**

Center

Teacher

Circle  for reading 15 minutes

Circle △ for doing the activity in the box

**February 2017**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Monday** | | **Tuesday** | | **Wednesday** | | **Thursday** | | **Friday** | | **Saturday** | | **Sunday** | |
|  | **** |  | **** | **1** | **△** | **2** | **△** | **3** | **△** | **4** | **△** | **5** | **△** |
|  | |  | | Photo Time Look through photo albums with your child and tell stories about your pictures. | | **Bubbles**  Blow bubbles outside with your child. | | **Color Matching**  Gather several household items and sort them by color with your child. | | **Reading Time**  Read a book together that you both like. | | **Treat Time**  Go outside and enjoy eating fresh fruit with your child. | |
| **6** | **△** | **7** | **△** | **8** | **△** | **9** | **△** | **10** | **△** | **11** | **△** | **12** | **△** |
| **Counting**  Count your fingers and toes together. | | Pretend Time Dress up and play pretend with your child. | | **Telephone**  Spend time talking on a play phone to your child. | | Peek-A-Boo Play a game of peek-a-boo together. | | **Pat-A-Cake**  Play pat-a-cake with your child. | | **Stacking**  Give your child some plastic bowls from the kitchen and show your child how to stack them. | | **Smile!**  Place child in front of the mirror and make several facial expressions. | |
| **13** | **△** | **14** | **△** | **15** | **△** | **16** | **△** | **17** | **△** | **18** | **△** | **19** | **△** |
| **Tissue Box**  Fill an empty tissue box with paper, socks or scarves and show your child how to pull them out. | | **Body Parts**  Talk about body parts while bathing your child. | | **Music and Movement**  Play music and hold your child’s hands and let him or her bounce and dance. | | **Noise Makers**  Give your child wooden spoons and plastic containers. Show your child how to bang objects together to make noise. | | **Jello Play**  Allow your child to play with jello while sitting in his highchair. Mix jello and when set, cut into blocks and put them on the highchair tray. | | **Hats On**  Let your child play with an assortment of hats. Show how to place them on her head. Have child look in the mirror. | | **Play Ball**  Roll a soft ball to where your child is sitting. Help him or her roll the ball back to you. | |
| **20** | **△** | **21** | **△** | **22** | **△** | **23** | **△** | **24** | **△** | **25** | **△** | **26** | **△** |
| **Bath Time**  Put squeezable items in bathtub such as sponges or a squeeze bottle. Also dump and pour toys like cups and bowls and let your child play. | | **Pictures**  Put pictures on the wall near changing area so that your child can look at them while being changed. Use pictures of family, animals or familiar objects. | | **Body Parts**  Hold your child in front of a mirror. Touch their nose and say “here’s your nose.” Do this with head, ears, etc. Ask him or her to touch your head, etc. | | **Story Time**  Sit and tell your child a story about your childhood. | | **Outside Time**  Take your child outside to walk barefoot on the grass or spread a blanket on the grass and let your child take a nap outside. | | **Ice Cubes**  Fill a cup with ice cubes and while your child is in the bathtub, drop an ice cube in the tub and see if he or she can pick it up with another cup or his or her hands. | | **Nature Walk**  Take a nature walk around your neighborhood. Stop at interesting things. Let him or her touch leaves or trees. Point out birds or people you pass. | |
| **27** | **△** | **28** | **△** |  |  |  |  |  |  |  |  |  |  |
| Grocery Shopping While at the grocery store, point out pictures and cans or boxes to your child. Show him or her foods he or she eats and drinks at home. Talk about fruits and vegetables. | | **Take A Walk**  Go for a walk outdoors with your child and talk about what you see. | |  | |  | |  | |  | |  | |

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# of  # of △ Total

Child’s Name

Parent’s Signature

Date Teacher’s Initials