

Grade _____ Teacher _____

Name _____

September 2018



Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
30 <input type="radio"/> Healthy Breakfast <input type="radio"/> Activity 1 _____ <input type="radio"/> Activity 2 _____	Youth Be Well Healthy Breakfast = 1 point (Start your day off right!) Activity 1 - 1 point Activity 2 - 1 point Maximum points = 3 points per day Turn in your signed calendar with the total for a chance to win prizes!			ACTIVITY IDEAS Squats - 3 sets of 15 Pushups - 3 sets of 12 Jumping Jacks - 3 sets of 20 Sit Ups - 3 sets of 10		1 <input type="radio"/> Healthy Breakfast <input type="radio"/> Activity 1 _____ <input type="radio"/> Activity 2 _____
2 <input type="radio"/> Healthy Breakfast <input type="radio"/> Activity 1 _____ <input type="radio"/> Activity 2 _____	3 <input type="radio"/> Healthy Breakfast <input type="radio"/> Activity 1 _____ <input type="radio"/> Activity 2 _____	4 <input type="radio"/> Healthy Breakfast <input type="radio"/> Activity 1 _____ <input type="radio"/> Activity 2 _____	5 <input type="radio"/> Healthy Breakfast <input type="radio"/> Activity 1 _____ <input type="radio"/> Activity 2 _____	6 <input type="radio"/> Healthy Breakfast <input type="radio"/> Activity 1 _____ <input type="radio"/> Activity 2 _____	7 <input type="radio"/> Healthy Breakfast <input type="radio"/> Activity 1 _____ <input type="radio"/> Activity 2 _____	8 <input type="radio"/> Healthy Breakfast <input type="radio"/> Activity 1 _____ <input type="radio"/> Activity 2 _____
9 <input type="radio"/> Healthy Breakfast <input type="radio"/> Activity 1 _____ <input type="radio"/> Activity 2 _____	10 <input type="radio"/> Healthy Breakfast <input type="radio"/> Activity 1 _____ <input type="radio"/> Activity 2 _____	11 <input type="radio"/> Healthy Breakfast <input type="radio"/> Activity 1 _____ <input type="radio"/> Activity 2 _____	12 <input type="radio"/> Healthy Breakfast <input type="radio"/> Activity 1 _____ <input type="radio"/> Activity 2 _____	13 <input type="radio"/> Healthy Breakfast <input type="radio"/> Activity 1 _____ <input type="radio"/> Activity 2 _____	14 <input type="radio"/> Healthy Breakfast <input type="radio"/> Activity 1 _____ <input type="radio"/> Activity 2 _____	15 <input type="radio"/> Healthy Breakfast <input type="radio"/> Activity 1 _____ <input type="radio"/> Activity 2 _____
16 <input type="radio"/> Healthy Breakfast <input type="radio"/> Activity 1 _____ <input type="radio"/> Activity 2 _____	17 <input type="radio"/> Healthy Breakfast <input type="radio"/> Activity 1 _____ <input type="radio"/> Activity 2 _____	18 <input type="radio"/> Healthy Breakfast <input type="radio"/> Activity 1 _____ <input type="radio"/> Activity 2 _____	19 <input type="radio"/> Healthy Breakfast <input type="radio"/> Activity 1 _____ <input type="radio"/> Activity 2 _____	20 <input type="radio"/> Healthy Breakfast <input type="radio"/> Activity 1 _____ <input type="radio"/> Activity 2 _____	21 <input type="radio"/> Healthy Breakfast <input type="radio"/> Activity 1 _____ <input type="radio"/> Activity 2 _____	22 <input type="radio"/> Healthy Breakfast <input type="radio"/> Activity 1 _____ <input type="radio"/> Activity 2 _____
23 <input type="radio"/> Healthy Breakfast <input type="radio"/> Activity 1 _____ <input type="radio"/> Activity 2 _____	24 <input type="radio"/> Healthy Breakfast <input type="radio"/> Activity 1 _____ <input type="radio"/> Activity 2 _____	25 <input type="radio"/> Healthy Breakfast <input type="radio"/> Activity 1 _____ <input type="radio"/> Activity 2 _____	26 <input type="radio"/> Healthy Breakfast <input type="radio"/> Activity 1 _____ <input type="radio"/> Activity 2 _____	27 <input type="radio"/> Healthy Breakfast <input type="radio"/> Activity 1 _____ <input type="radio"/> Activity 2 _____	28 <input type="radio"/> Healthy Breakfast <input type="radio"/> Activity 1 _____ <input type="radio"/> Activity 2 _____	29 <input type="radio"/> Healthy Breakfast <input type="radio"/> Activity 1 _____ <input type="radio"/> Activity 2 _____

TOTAL Points
for Month



Parent Signature _____ Date _____

Youth Be Well!



Saunders
MEDICAL CENTER

Be Well.