Chignecto-Central Regional School Board
Provincial School Breakfast Program

2011-12 MONTHLY TRACKING FORM

Submit to Joy Shears shearsjd@ccrsb.ca or fax 661-2480 at the end of each month.

School: _____ Contact Person: _____

Phone: _____ Email: _____

MONTH:

	WEEK 1	WEEK 2	WEEK 3	WEEK 4	WEEK 5	MONTHLY TOTALS
# days breakfast was served:						
# of breakfasts served: **(check out the website for tracking ideas)**						
# of volunteers:						
Detailed Menu Items: *Please include quantities & brands (Example: 1 cup Cheerios, ½ cup 100% orange juice, 1 slice of low fat cheddar cheese, etc.)*		❑ Same as Week 1	❑ Same as Week 1	❑ Same as Week 1	❑ Same as Week 1	
Comments, upcoming special events, etc.:						

www.ccrsbhps.ca