

**Chignecto-Central Regional School Board
Provincial School Breakfast Program
2010-11 MONTHLY TRACKING FORM**



Each month, keep track of participation in your program on this form.

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:						
# of volunteers:						
Detailed Menu Items: <i>(Example: 1 cup Cheerios, ½ cup 100% orange juice, 1 slice of low fat cheddar cheese, etc.)</i>						
Comments, upcoming special events, etc.:						

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