

BRIGHT BEGINNINGS

NORTH EASTMAN PARENT CHILD COALITION

Program Leader Monthly Reporting Form

2019-2020



Please email to or fax this form to our office by the 15th of the following month.
Fax: 204-268-9490 Email: bbcoordinator@hotmail.com

Name: _____

Program: _____

Community: _____

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Month: \_\_\_\_\_

#### Group Activities:

Rhymes/Songs YES NO

Story Time YES NO

Snack Time YES NO

Vegetables & Fruit  Grain Products  Milk & Alternatives  Meat & Alternatives

Physical Activity YES NO

Large Motor Activities  Outdoor Play

Crafts/Games/Activities YES NO

Other: \_\_\_\_\_

Date of Toy Cleaning: \_\_\_\_\_

Attendance: Week #1 Adults \_\_\_\_\_ Children \_\_\_\_\_  
 Week #2 Adults \_\_\_\_\_ Children \_\_\_\_\_  
 Week #3 Adults \_\_\_\_\_ Children \_\_\_\_\_  
 Week #4 Adults \_\_\_\_\_ Children \_\_\_\_\_

*Of all who attended your program this month how many were new participants?*

Adults \_\_\_\_\_ Children \_\_\_\_\_

Attendance taken: YES NO

\*we do not require you to submit your attendance sheets\*

Professional Development trainings attended this month (if any):

Bookmates Workshops  Nobody's Perfect  Shake, Rattle & Roll  Triple P   
 Comfort, Play & Teach  Wiggle, Giggle & Munch  Other  \_\_\_\_\_

Workshop: \_\_\_\_\_ Date: \_\_\_\_\_

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I certify that all information given in this report, including supporting documents and financial information, is correct to the best of my knowledge. I understand that any false information, omissions or misrepresentations in this report may affect funding opportunities regarding future applications.

Signature: _____

