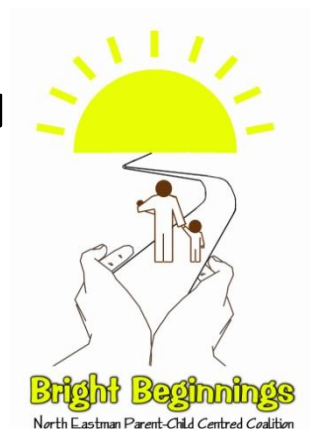


# BRIGHT BEGINNINGS

## NORTH EASTMAN PARENT CHILD COALITION

### Program Leader Monthly Reporting Form



Please email or fax this form to our office by the 15<sup>th</sup> of the following month.

Fax: 204-268-9490 Email: [bbcoordinator@hotmail.com](mailto:bbcoordinator@hotmail.com)

Name: \_\_\_\_\_

Program: \_\_\_\_\_

Community: \_\_\_\_\_

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

Group Activities:

|                     |     |    |
|---------------------|-----|----|
| <b>Rhymes/Songs</b> | YES | NO |
|---------------------|-----|----|

|                   |     |    |
|-------------------|-----|----|
| <b>Story Time</b> | YES | NO |
|-------------------|-----|----|

|                   |     |    |
|-------------------|-----|----|
| <b>Snack Time</b> | YES | NO |
|-------------------|-----|----|

|                                             |                                         |                                              |                                              |
|---------------------------------------------|-----------------------------------------|----------------------------------------------|----------------------------------------------|
| Vegetables & Fruit <input type="checkbox"/> | Grain Products <input type="checkbox"/> | Milk & Alternatives <input type="checkbox"/> | Meat & Alternatives <input type="checkbox"/> |
|---------------------------------------------|-----------------------------------------|----------------------------------------------|----------------------------------------------|

|                          |     |    |
|--------------------------|-----|----|
| <b>Physical Activity</b> | YES | NO |
|--------------------------|-----|----|

|                                                 |                                       |
|-------------------------------------------------|---------------------------------------|
| Large Motor Activities <input type="checkbox"/> | Outdoor Play <input type="checkbox"/> |
|-------------------------------------------------|---------------------------------------|

|                                |     |    |
|--------------------------------|-----|----|
| <b>Crafts/Games/Activities</b> | YES | NO |
|--------------------------------|-----|----|

**Examples of Structured (intentional) Learning activities done:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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: \_\_\_\_\_

