
















## LET'S MOVE! HEALTHY FAMILY CALENDAR

Day of the Week	Type of Activity	What Time of the Day	Who Will Participate	Did We Do It?
(For Example) MONDAY	 walk 15 minutes	7am & 5pm	Mom & Sally	
	 eat 1 fruit	Lunch	Sally & John	
MONDAY	 			
TUESDAY	 			
WEDNESDAY	 			
THURSDAY	 			
FRIDAY	 			
SATURDAY	 			
SUNDAY	 			

HOW MANY STARS DID YOU GIVE YOURSELF?