

Healthy Habits Calendar



Student Name _____

Class _____

September

Sunday

Monday

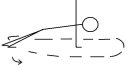

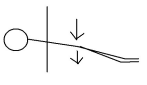

Tuesday

Wednesday

Thursday

Friday

Saturday

						1 Go to an athletic event	2 Discuss and practice bicycle safety
3 Coffee Grinder 5X 	4 Run With Carl	5 Choice: _____	6 Hold Yoga Pose 30 sec. 2X  Warrior	7 Do a Random Act of Kindness	8 Go for a long walk	9 Take a pet for a walk for at least 15 min.	
10 Have a vegetable as a snack	11 Travel across the monkey bars 3X	12 Choice: _____	13 Jump Rope for 10 min.	14 Walk or ride bike to school	15 Drink a tall glass of milk	16 Run 5X around your house	
17 Do 10 push-ups 3 different times	18 Stretch before and after an athletic activity	19 Choice: _____	20 Eat a balanced breakfast	21 Hop on one foot How many hops can you get in 30 sec.? _____	22 How many sit-ups can you do in 1 min.? _____	23 Play at the Park	
24 Go for a bike ride	25 Side Plank with a hip dip 	26 Play catch for 20 min.	27 Play outdoors	28 Discuss Bicycle Safety	29 Exercise Ball: Sit-ups 	30 Read a book	

My Child has completed a minimum of 20 of the above healthy habits.

Parent Signature: _____

Return Calendars on or before Monday, Oct 2nd!!

Healthy Habits Calendar



Student Name _____

Class _____

October

Sunday

Monday



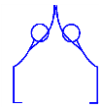
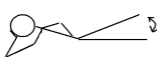

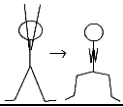
Tuesday

Wednesday

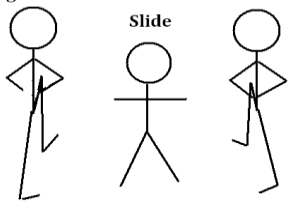
Thursday

Friday

Saturday

1 Have a day without eating junk food	2 Exercise your age in minutes Ex. A 9 year old runs for 9 min.	3 Choice: _____	4 Walk to School	5 20 CrossJacks  cross laterally	6 Practice a skill of your favorite sport Skill: _____	7 Play an outside game Hide and Seek, Tag, etc.
8 Help with yard work	9 Tailkick for 30 sec. 3X	10 Choice: _____	11 Go to bed early	12 Core Exercise: Double Crunch 	13 Skate, blade, or scooter for 20 min.	14 Take a vacation from electronics for one day
15 Play outdoors for an hour	16 Wash your hands before and after every meal	17 Choice: _____	18 Punt, Pass, and/or Kick a ball for distance	19 Yoga Partner: Roof Tops 	20 Skip around your house 2X as fast as you can	21 Stretch when you wake up in the morning
22 Have a discussion about eating sweets in moderation.	23 Knee Hug Balance Slide 1 min. 3X (pictured below)	24 Choice: _____	25 Challenge someone to 1 min. of leg lifts 	26 15 Partner Sit-ups 	27 Step Ups on stairs 1 min.	28 Slide everywhere you go for 1 hour.
29 20 Sumo Squats 	30 Take a long walk around your neighborhood	31 Choice: _____				

Knee Hug Balance to Knee Hug Balance



My Child has completed a minimum of 20 of the above healthy habits.

Parent Signature: _____

October calendars are due back on Wednesday, November 1st!

Healthy Habits Calendar



Student Name _____

Class _____

November

Sunday

Monday

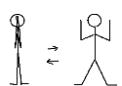

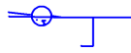
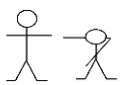

Tuesday

Wednesday

Thursday

Friday

Saturday

			1 Pick your fav. song. Do Jumping Jacks for the duration of the song.	2 Play some Hoops!	3 Eat a food that is orange Ex. Oranges, squash, carrots, etc.	4 Play outdoors
5 Run/Jog 5X around your house	6 Brush your teeth 2-3 min. at least 2X a day www.kidshealth.org	7 Choice: _____	8 20 Seal Jacks 2X 	9 Challenge someone to your favorite animal walk race ex. crab, puppy	10 Eat dinner as a family	11 Have a positive day. Speak only encouragement.
12 Do a hobby What is it? _____	13  Calf Raises Heel up Heel down 30X	14 Choice: _____	15 Yoga: Balance Stick 	16 Cup Stack	17 Go to practice or after-school activity _____	18 Rake leaves/ yardwork
19 Write a nice note to a family member	20 Practice washing hands Sing ABC song 2X	21 Choice: _____	22 Play a game with your family	23 Make a list of things you are thankful for and share it w/ your fam	24 Help clean the table	25 20 Windmills 
26 Eat/drink Calcium rich foods. Ex. Dairy, salmon, broccoli, almonds	27 Help with Yard Work Outside	28 Choice: _____	29 Get between 10-11 hours of sleep www.cdc.gov/Sleep/	30 Yoga: Dolphin 		

My Child has completed a minimum of 20 of the above healthy habits.

Parent Signature: _____

November calendars are due back c On Friday December 1st

Healthy Habits Calendar



Student Name _____

Class _____

December

Sunday

Monday

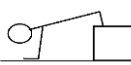
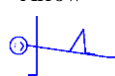
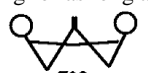

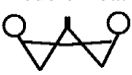

Tuesday

Wednesday

Thursday

Friday

Saturday

						1 Choice: _____	2 Figure 8s around your shins with a ball 20X
3 Play tetherball or 4-square	4 Eat something Green Ex. Peas, Spinach, broccoli	5 15 declined push-ups 	6 Go for a 10 min. powerwalk	7 Jump rope	8 Choice: _____	9 Yoga Balance: Arrow 	
10 Read all the nutritional labels on the food you eat for a meal	11 Race a friend a short distance 2X	12 Crab walk into every room in your house	13 Clean your room	14 Practice your winter music	15 Choice: _____	16 Do 5 frog jumps 3X	
17 Do flexed arm hang for as long as 	18  Help fix a meal or set up for a meal	19 Partner Yoga: Double Boat 	20  Agility: Line Jumps for/back., side to s, straddle cross, scissors	21 Go sledding (hopefully)	22 Choice: _____	23 Play in the snow forts snow angel snowman	
24 Play an active game on the Wii, Dance, Dance Rev., or board game	25 Oblique Sit-ups: 25 sit-ups with a twist	26 Parent's Choice: _____	27 Take a pet for a walk for at least 15 min.	28 Set a fitness goal for next year	29 Attend a fitness center (ex. YMCA)	30 Hula hoop for 5 min.	
31 Stretch for 5 min.	<p>My Child has completed a minimum of 20 of the above healthy habits.</p> <p>Parent Signature: _____</p>						

December calendars are due back on **January 3rd!**




Healthy Habits Calendar



Student Name _____

Class _____

January

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1 Up and down stairs 10X or jog in place 3 min.	2 Bowling	3 Play outdoors	4 Eat a new fruit What was it? _____	5 Choice: _____	6 Core Exercise: Commandos 
7 Ice / Roller Skating or Snow Skiing/Boarding	8 Dance 5 min.	9 Read a non-fiction book	10 Wall-sit for 30 sec. 3X	11 Recycle	12 Choice: _____	13 15 Chair Dips 
14 Play Basketball	15 Eat a red food like tomato, guava, cherries, watermelon red pepper	16 Hide and Seek or Flash light tag	17 50 Leg lifts each leg	18 Eat a salad with dinner	19 Choice: _____	20 Do a wheelbarrow 
21 Swim	22 Jump Rope	23 Volunteer activity _____	24 How long can you do jumping jacks for? _____	25 Challenge a family member to see who can do the most sit-ups in 1 min.	26 Choice: _____	27 Go for a Powerwalk
28 One day with no soda, sweets or junk food	29 Choice: _____	30 ABC push-ups 2X (touch shoulder, A, touch shoulder, B...)	31 Practice the sit and reach			

My Child has completed a minimum of 20 of the above healthy habits.

Parent Signature: _____

January calendars are due back on **Thursday, February 1st!**

Healthy Habits Calendar



Student Name _____

Class _____

February

Sunday

Monday




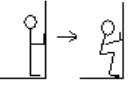


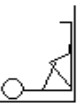

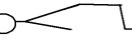
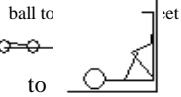
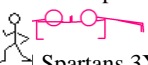
Tuesday

Wednesday

Thursday

Friday

Saturday

				1 One-legged wall sit Each leg 2X 	2 Eat a high fiber food ex. Whole grain, dried beans, seeds, or dark greens, etc.	3 50 mountain climbers 
4  Have a healthy snack during the Super Bowl	5 Hand on wall Squats 	6 Choice (write in)	7 Pilates: One Leg Circle 15sec 3X  Each side	8 Eat a white food Ex. Califlower, garlic banana, parsnip, onion or ginger.	9  Let someone know that you care	10 Play your favorite outdoor activity _____
11 Wash hands with soap to the ABC song before you eat	12 High knee jog in place for 1 min.	13 Choice (write in)	14 Line jumping 30 sec. each side to side front to back	15 Jump Rope to your favorite song	16 Play a game with a friend	17 Keep a log of all food and drink intake for the day
18 Wall stretch Each leg 30 sec. 	19 Scissor jumps 2 sets of 10  jump and switch feet	20 Choice (write in)	21 25 Toe Touches	22 Core: Bridge  15 sec. 3X	23 How many rooms you can seal walk to? _____	24 Play your favorite sport _____
25 15 Ball sit-ups: ball to  to	26 Spartan Spirit Push Ups  Spartans 3X	27 Choice (write in)	28 25 Toe Touches			

My Child has completed a minimum of 20 of the above healthy habits.

Parent Signature: _____

February calendars are due back on **March 1st!**

Healthy Habits Calendar



Name _____

Class _____

March

Sunday

Monday

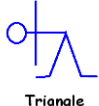







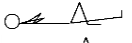
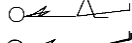
Tuesday

Wednesday

Thursday

Friday

Saturday

					1 Make and drink a fruit smoothie	2 5 A Day of fruits and veggies	3 Step Ups on stairs 1 min.
4 Be extra helpful today	5 Play your favorite sport. _____	6 Choice (write in)	7 Yoga  Triangle	8 Play Basketball	9  Relax and Breathe: In through nose 3sec, Hold 3 sec, Out through mouth 3	10 Challenge: How many sit-ups can you do in 1 day? _____	
11 Do a new activity _____	12 How long can you flex arm hang? _____	13 Choice (write in)	14 Pilates 1.  2.  One Leg Stretch	15 Tip Toe Walk for 2 min.	16 Go for a Powerwalk	17 Help with yard work	
18 Park far away from the door and walk	19 Have a no soda day! If you can, stretch it the whole week.	20 Choice (write in)	21 Yoga: Cobra 	22 1:30 w/out stopping v-sit  bicycle  alternate 	23 Work out on an exercise machine tread, row, elipt...	24 March Madness Watch a game for every 3 pt. made do 3 push-ups	
25 Fly a kite	26 Challenge someone to your favorite animal walk race ex. crab, puppy	27  Hip Bridge	28 Crunches 30sec each R Leg  L Leg  Both 	29 Choice (write in)	30 Jump Rope 100X	31 Do 10 standing long jumps Longest? _____	

Please remember the activities are just suggestions! You may do what the calendar suggests or write in any activities you already do throughout the month. Just remember the goal is for children to be active a minimum of 60 minutes every day!

My Child has completed a minimum of 20 of the above healthy habits.

Parent Signature: _____

March calendars will be collected Monday, April 2nd!


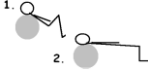
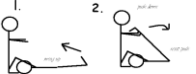
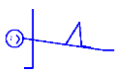
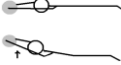
Healthy Habits Calendar



Student Name _____

Class _____

April

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
2 Go to a park and play	3 What two teams played in the NCAA championship? mens or womens	4 Choice (write in)	5 Core Exercise: Double Crunch 	6 Exercise Ball: Hip Bridge 	7 Have 5 a Day! fruit or vegetable Try at least one at each meal	8 Exercise your age in minutes Ex. A 9 year old runs for 9 min.
9 Call/talk to a grandparent or special friend	10 Core Exercise: Commandos 	11 Choice (write in)	12 Practice your sit and reach	13 Yoga Balance: Arrow 	14 Skip one lap forward and one backward around your house	15 Take a vacation from electronics for one day
16 Punt, Pass, and/or Kick a ball for distance	17 Run a mile as fast as you can	18 Choice (write in)	19 Practice the spring sport of _____ for at least 30 min.	20 Yoga Partner: Roof Tops 	21 Play an outside game Hide and Seek Tag, etc.	22 Help with Spring Cleaning
23 Go for a family walk	24 Attend an athletic event and get an autograph	25 Choice (write in)	26 Safe Routes to School <u>Walk to school if you can.</u>	27 Ride a bike	28 Jump Rope 100X	29 Core: Back Extension (any light weight) 
30 Parent's Choice: _____	1 Go to bed before 9:00 and we're not Kidding					

My Child has completed a minimum of 20 of the above healthy habits.

Parent Signature: _____

Please remember to bring Healthy Habits Calendar back by Tuesday, May 1st!

Healthy Habits Calendar



Student Name _____

Class _____

May

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Choice this month! You choose the activity. Suggestions are listed to the	right. Try and do each fitness component at least once per week.	Agility *ladders *line jumps *tag games *dot drill *obstacle course *jump rope skills	Cardiovascular *running *dancing *rope jumping *soccer *pwr walk *biking *blading	Core Strength *sit-ups *planks *crunches *leg lifts *ex. ball *pilates *reverse sit-ups	Flexibility *yoga *inch worm *stretching *sit n reach *lunge *wall stretch	Upper Body *push up *pull-up *climbing *crab walk *seal crawl *dips *wheel barrow
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17		

My Child has completed a minimum of **10 of 17** of the above healthy habits.

Parent Signature: _____

Please return by Friday May 18th