



Healthy Minds Breakfast Program



Healthy Minds is a community initiated breakfast program that started in September 2001. Research tells us that there is a strong link between nutrition and learning but also understand that in today's economic hardships and busy lifestyles it is common for children to skip breakfast. Therefore the purpose of our program is to provide a healthy breakfast for every child within our school. **This program is open Monday to Friday from 8:15 a.m. to 8:45 a.m. (Students need to be finished eating breakfast by 8:45.)** The program is held in the North Wing Resource Area of the school. Students wishing to attend should report directly to that area using the front doors off of 12th Street. (If you are unsure where the room is located in the school, please report to the office and you will be directed.) **We recognize families may use this program in different ways. You may choose to use this program every day, once a week, twice a month etc, whatever is needed to ensure your child's nutritional needs are being met.** After students have finished eating, if time permits, they are asked to go out to the playground to await the bell for the beginning of the day.

If anyone would like to make a monetary donation to this program cheques can be made to Western School Division with Healthy Minds Breakfast Program written in the memo notes. Food donations such as low sugar cereals, oatmeal, white milk, cheese whiz, and yogurt are also appreciated and can be dropped off at the school office. Please check labels on all donations for allergy appropriateness.

To maintain eligibility for grants, monitor the success of our program, receive feedback, and address any health safety needs we are asking parents/guardians to register their children. Registrations will be accepted any time throughout the school year.

If you have any questions regarding this program please call the school office at 822-4458 and we will direct your calls.

Registration Form 2023-2024

Child/Children's Names _____

Grade/s _____

Phone Number _____

Allergies _____

Parent/Guardian Signature _____