Elkhart and St. Joseph Counties Head Start Consortium

CLASSROOM GROWTH FORM: Nutrition Activity- *We Grow*

	SITE: _____			TEACHER: _____	
DATE	CHILD'S NAME	SEX	HEIGHT	WEIGHT	COMMENTS
	Signature of Teacher: _____				
	Return completed form to the Registered Dietitian at the Head Start Office, 245 North Lombardy Drive, Suite A, South Bend, IN 46619 FAX Number: 574-283-8108				