



Dear Families:

To encourage healthy lifestyles and physical activity, the students at your child's school are invited to participate in the 5210 Numbers to Live by Challenge.

5 Fruits and vegetables...more matters! Eat at least 5 servings a day. Limit 100% fruit juice.

2 Cut screen time to 2 hours or less a day.

1 Participate in at least one hour of moderate to vigorous physical activity every day.

0 Restrict soda and sugar-sweetened sports and fruit drinks. Instead, drink water and 3-4 servings/day of fat-free/skim or 1% milk.

To promote the 5210 program, we are encouraging the students to participate in a goal-tracking activity. Each month during January, February, March, and April, there will be a goal-setting activity focused on one of the numbers of the program. Each student who completes the goal for the month will receive a colored bracelet with a 5210 message. Students who collect all four bracelets will receive an award certificate and prize in early June.

During the month of April, will be focusing on 0. Your child is being encouraged to avoid sugary beverages (soda, flavored milk, 100% fruit juice, sports drinks)

Students who avoid sugary beverages and return the record below signed by a parent/guardian will receive the 0 bracelet.

As a parent, you can help by serving as a role model and by providing opportunities for your child to make healthy choices.



Please detach and return this portion of page to classroom by:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Total number of sugary beverages (soda, juice, sports drinks, flavored milks)	Total number of sugary beverages (soda, juice, sports drinks, flavored milks)	Total number of sugary beverages (soda, juice, sports drinks, flavored milks)	Total number of sugary beverages (soda, juice, sports drinks, flavored milks)	Total number of sugary beverages (soda, juice, sports drinks, flavored milks)	Total number of sugary beverages (soda, juice, sports drinks, flavored milks)	Total number of sugary beverages (soda, juice, sports drinks, flavored milks)
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Student name (print): _____

Teacher name: _____

Parent/guardian signature: _____