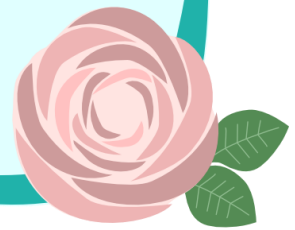
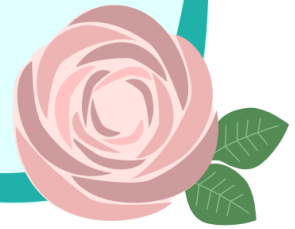


*Home Management
Binder*



Calendars



Month of _____

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

To Do

Notes

- _____
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- _____
- _____

Week of _____

Monday	Notes
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

2021 Calendar

January 2021						
W	S	M	T	W	T	F S
53						1 2
1	3	4	5	6	7	8 9
2	10	11	12	13	14	15 16
3	17	18	19	20	21	22 23
4	24	25	26	27	28	29 30
5	31					

01: New Year's Day
18: Martin Luther King Day

February 2021						
W	S	M	T	W	T	F S
5		1	2	3	4	5 6
6	7	8	9	10	11	12 13
7	14	15	16	17	18	19 20
8	21	22	23	24	25	26 27
9	28					

15: Presidents Day

March 2021						
W	S	M	T	W	T	F S
9		1	2	3	4	5 6
10	7	8	9	10	11	12 13
11	14	15	16	17	18	19 20
12	21	22	23	24	25	26 27
13	28	29	30	31		

April 2021						
W	S	M	T	W	T	F S
13					1	2 3
14	4	5	6	7	8	9 10
15	11	12	13	14	15	16 17
16	18	19	20	21	22	23 24
17	25	26	27	28	29	30

May 2021						
W	S	M	T	W	T	F S
17						1
18	2	3	4	5	6	7 8
19	9	10	11	12	13	14 15
20	16	17	18	19	20	21 22
21	23	24	25	26	27	28 29
22	30	31				

31: Memorial Day

June 2021						
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24	13	14	15	16	17	18 19
25	20	21	22	23	24	25 26
26	27	28	29	30		

July 2021						
W	S	M	T	W	T	F S
26					1	2 3
27	4	5	6	7	8	9 10
28	11	12	13	14	15	16 17
29	18	19	20	21	22	23 24
30	25	26	27	28	29	30 31

04: Independence Day

August 2021						
W	S	M	T	W	T	F S
31	1	2	3	4	5	6 7
32	8	9	10	11	12	13 14
33	15	16	17	18	19	20 21
34	22	23	24	25	26	27 28
35	29	30	31			

September 2021						
W	S	M	T	W	T	F S
35				1	2	3 4
36	5	6	7	8	9	10 11
37	12	13	14	15	16	17 18
38	19	20	21	22	23	24 25
39	26	27	28	29	30	

06: Labor Day

October 2021						
W	S	M	T	W	T	F S
39						1 2
40	3	4	5	6	7	8 9
41	10	11	12	13	14	15 16
42	17	18	19	20	21	22 23
43	24	25	26	27	28	29 30
44	31					

11: Columbus Day

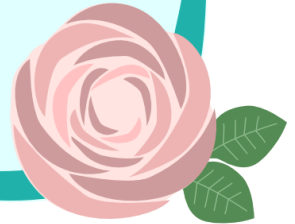
November 2021						
W	S	M	T	W	T	F S
44		1	2	3	4	5 6
45	7	8	9	10	11	12 13
46	14	15	16	17	18	19 20
47	21	22	23	24	25	26 27
48	28	29	30			

11: Veterans' Day
25: Thanksgiving

December 2021						
W	S	M	T	W	T	F S
48				1	2	3 4
49	5	6	7	8	9	10 11
50	12	13	14	15	16	17 18
51	19	20	21	22	23	24 25
52	26	27	28	29	30	31

25: Christmas Day

To-Do Lists



Daily To-Do List

Must Do

To Call

Scheduled

To Do:

Morning to Do

To Do Before Bed

Monthly To-Do List

January

February

March

April

May

June

July

August

September

October

November

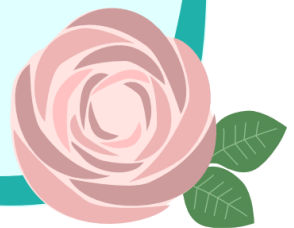
December

Notes

Master To-Do List

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
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<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

Cleaning



Weekly Cleaning Schedule

Daily

- | | |
|--|------------------------------------|
| <input type="checkbox"/> Make beds | <input type="checkbox"/> Declutter |
| <input type="checkbox"/> Wipe counters | <input type="checkbox"/> Sweep |
| <input type="checkbox"/> 1 load of laundry | |

Monday – Living Room

- | | |
|---|---|
| <input type="checkbox"/> Dust furniture | <input type="checkbox"/> Vacuum sofa cushions |
| <input type="checkbox"/> Wipe off TV | <input type="checkbox"/> Complete daily tasks |
| <input type="checkbox"/> Sweep/Vacuum/Mop | |

Tuesday - Bathrooms

- | | |
|---|---|
| <input type="checkbox"/> Clean mirror | <input type="checkbox"/> Sweep & mop |
| <input type="checkbox"/> Wipe faucet, counter, sink | <input type="checkbox"/> Organize toiletries |
| <input type="checkbox"/> Clean shower & tub | <input type="checkbox"/> Complete daily tasks |
| <input type="checkbox"/> Scrub toilet | |

Wednesday - Kitchen

- | | |
|---|---|
| <input type="checkbox"/> Wipe & polish sink | <input type="checkbox"/> Wipe table & chairs |
| <input type="checkbox"/> Clean countertops | <input type="checkbox"/> Sweep & mop |
| <input type="checkbox"/> Wipe stovetop | <input type="checkbox"/> Complete daily tasks |
| <input type="checkbox"/> Clean out fridge | |

Thursday - Bedrooms

- | | |
|--|---|
| <input type="checkbox"/> Change sheets | <input type="checkbox"/> Clean fan |
| <input type="checkbox"/> Dust furniture | <input type="checkbox"/> Vacuum/sweep/mop |
| <input type="checkbox"/> Clean mirrors & wipe TV | <input type="checkbox"/> Complete daily tasks |

Friday – Misc. to be rotated

- | | |
|--|---|
| <input type="checkbox"/> Clean baseboards | <input type="checkbox"/> Clean oven |
| <input type="checkbox"/> Vacuum & spot clean furniture | <input type="checkbox"/> Wash windows |
| <input type="checkbox"/> Wipe off light fixtures | <input type="checkbox"/> Dust blinds |
| <input type="checkbox"/> Wash rugs | <input type="checkbox"/> Wipe down kitchen cabinets |
| | <input type="checkbox"/> Complete daily tasks |

Weekly Cleaning Schedule

<p><i>Daily</i></p> <ul style="list-style-type: none"><input type="checkbox"/> Make beds<input type="checkbox"/> Wipe counters<input type="checkbox"/> Laundry<input type="checkbox"/> Declutter<input type="checkbox"/> Sweep floors	<p><i>Monday</i></p> <ul style="list-style-type: none"><input type="checkbox"/> _____<input type="checkbox"/> _____<input type="checkbox"/> _____<input type="checkbox"/> _____<input type="checkbox"/> _____
<p><i>Tuesday</i></p> <ul style="list-style-type: none"><input type="checkbox"/> _____<input type="checkbox"/> _____<input type="checkbox"/> _____<input type="checkbox"/> _____<input type="checkbox"/> _____	<p><i>Wednesday</i></p> <ul style="list-style-type: none"><input type="checkbox"/> _____<input type="checkbox"/> _____<input type="checkbox"/> _____<input type="checkbox"/> _____<input type="checkbox"/> _____
<p><i>Thursday</i></p> <ul style="list-style-type: none"><input type="checkbox"/> _____<input type="checkbox"/> _____<input type="checkbox"/> _____<input type="checkbox"/> _____<input type="checkbox"/> _____	<p><i>Friday</i></p> <ul style="list-style-type: none"><input type="checkbox"/> _____<input type="checkbox"/> _____<input type="checkbox"/> _____<input type="checkbox"/> _____<input type="checkbox"/> _____

To be rotated every week:

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Monthly Cleaning Schedule

January: Purge and organize closets. Donate anything your family didn't wear in the past year.

February: Deep clean all carpets and flooring, including area rugs.

March: Clean and declutter the laundry room. Thoroughly clean the washer and dryer. Check dryer exhaust pipe for lint and debris.

April: Clean out medicine cabinets, under bathroom sink, and bathroom cabinets. Organize toiletries.

May: Declutter, clean, and organize the garage. Consider a yard sale.

June: Wash windows inside and out. Wash screens and wipe down trim. Wash curtains and blinds. Wipe down interior and exterior doors and trim.

July: Clean out kitchen cabinets and drawers: toss expired foods and spices. Wipe down shelves and reorganize cabinets and drawers. Clean top of cabinets and wipe down appliances.

August: Declutter and organize basement and/or attic.

September: Deep clean the living room: wash throw blankets, pillows, shams, etc. Clean and vacuum furniture. Clean out fireplace.

October: Clean all the trashcans inside and out. Clean the dishwasher.

November: Clean under beds, dust ceiling and corner cobwebs, rotate your mattress.

December: Clean out files and file any papers from current year.

Monthly Cleaning Checklist

<p><i>January</i></p> <ul style="list-style-type: none"><input type="checkbox"/> _____<input type="checkbox"/> _____<input type="checkbox"/> _____<input type="checkbox"/> _____<input type="checkbox"/> _____<input type="checkbox"/> _____<input type="checkbox"/> _____	<p><i>February</i></p> <ul style="list-style-type: none"><input type="checkbox"/> _____<input type="checkbox"/> _____<input type="checkbox"/> _____<input type="checkbox"/> _____<input type="checkbox"/> _____<input type="checkbox"/> _____<input type="checkbox"/> _____
<p><i>March</i></p> <ul style="list-style-type: none"><input type="checkbox"/> _____<input type="checkbox"/> _____<input type="checkbox"/> _____<input type="checkbox"/> _____<input type="checkbox"/> _____<input type="checkbox"/> _____<input type="checkbox"/> _____	<p><i>April</i></p> <ul style="list-style-type: none"><input type="checkbox"/> _____<input type="checkbox"/> _____<input type="checkbox"/> _____<input type="checkbox"/> _____<input type="checkbox"/> _____<input type="checkbox"/> _____<input type="checkbox"/> _____
<p><i>May</i></p> <ul style="list-style-type: none"><input type="checkbox"/> _____<input type="checkbox"/> _____<input type="checkbox"/> _____<input type="checkbox"/> _____<input type="checkbox"/> _____<input type="checkbox"/> _____<input type="checkbox"/> _____	<p><i>June</i></p> <ul style="list-style-type: none"><input type="checkbox"/> _____<input type="checkbox"/> _____<input type="checkbox"/> _____<input type="checkbox"/> _____<input type="checkbox"/> _____<input type="checkbox"/> _____<input type="checkbox"/> _____

<p><i>July</i></p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p>	<p><i>August</i></p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p>
<p><i>September</i></p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p>	<p><i>October</i></p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p>
<p><i>November</i></p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p>	<p><i>December</i></p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p>

Seasonal Cleaning Checklist Room by Room

Bedrooms

- Wash pillows
- Turn mattresses
- Vacuum mattresses, bed frames, and box springs
- Wipe down walls and baseboards
- Dust shelves and bookshelves
- Clean fans, light fixtures, and lamps

Kitchen

- Clean oven
- Clean out cabinets, drawers, and pantry. Toss expired foods and spices. Wipe down shelves and inside drawers. Reorganize.
- Clean refrigerator and freezer. Wipe down shelves, walls, and doors.
- Replace baking soda in refrigerator and freezer.
- Wipe down top of cabinets and top of refrigerator.

Living Room

- Clean and vacuum furniture
- Clean fireplace

Entire House

- Wipe down baseboards and moldings
- Wipe down interior doors and door trim
- Wash windows, screens, and window trim
- Clean curtains and blinds
- Deep clean carpets and area rugs
- Wipe down walls and ceiling
- Clean under and behind all furniture, including beds
- Thoroughly clean washer and dryer. Check dryer exhaust hose for lint and debris.

Seasonal Cleaning Checklist Room by Room

Bedrooms

- _____
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Kitchen

- _____
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Living Room

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Entire House

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Spring Cleaning Checklist

- Clean the fireplace
- Change furnace filter
- Check A/C to make sure it's working properly
- Wash windows inside and out
- Vacuum/clean curtains and blinds
- Sort through winter clothes and donate the ones you no longer wear; put away the rest and pull out warm-weather clothes
- Vacuum under and behind all furniture, including beds
- Pull out refrigerator and vacuum under and behind it
- Dust walls, corners, and ceiling free of cobwebs
- Dust knick-knacks, shelves, and bookshelves
- Declutter and organize garage (think summer yard sale!)
- Declutter and organize basement and/or attic
- Clean and repair outdoor furniture
- Sort through kitchen cabinets and pantry
- Clean the oven
- Wipe down baseboards and door and window trim
- Wash floors
- Deep clean carpets and area rugs
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Spring Cleaning Checklist

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Summer Cleaning Checklist

- Go through medicine cabinets and toss expired meds
- Clean carpets and area rugs
- Vacuum and wipe down vents throughout the home
- Thoroughly clean washing machine and dryer
- Scrub deck and driveway
- Clean the grill
- Wipe down outdoor furniture
- Clean and disinfect outdoor garbage cans
- Clean outdoor kids' playsets
- Take care of any bug infestations and bee and wasp nests
- Check gutters for debris

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Summer Cleaning Checklist

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Fall Cleaning Checklist

- Swap spring/summer wardrobe for fall/winter wardrobe; donate any warm-weather clothes you didn't wear this year
- Clean windows, screens, curtains, and blinds
- Vacuum/sweep behind and under furniture, including beds
- Wipe down walls, ceiling, baseboards
- Wipe down window and door trim and light switches
- Dust knick-knacks, shelves, and bookshelves
- Sort through and organize kitchen pantry, cabinets, and drawers
- Organize bakeware and cookware; get rid of broken pieces
- Clean the oven
- Clean out refrigerator and freezer; wipe down shelves, walls, and doors
- Clean light fixtures and lamps
- Clean your vacuum; clean out container, change filter, wipe outside parts, clean roller brush
- Wash floors
- Cover outdoor A/C unit for winter
- Clean lawnmower thoroughly and drain gas
- Clean fireplace and have chimney inspected for safety
- Clean patio furniture and outdoor toys for storage
- Drain garden hoses and disconnect for storage
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Fall Cleaning Checklist

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Winter Cleaning Checklist

- Change furnace filter
- Clean computer and keyboard
- Get cold-weather gear out of storage (sleds, shovels, ice scrapers, etc.)
- Pull out scarves, gloves/mittens, coats and boots so they're easy to get to
- Check windshield wiper fluid and antifreeze levels in vehicles
- Make sure all vehicles have ice scrapers and brushes in them for snow removal
- Clean vents around the home
- Wash floors
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Winter Cleaning Checklist

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Laundry Cleaning Tips

Perspiration: Create a paste with baking soda and water; apply to stain and let sit for about an hour. Wash as usual.

Blood: Dab the stain with a damp rag; don't scrub. Soak in water with mild detergent for at least an hour; then blot the stain with hydrogen peroxide; rinse. Wash in cool water and let air dry. Repeat if necessary.

Grass: Soak the stain for 15 minutes with equal parts water and white vinegar, then gently dab the stain. Wash as normal. Check to see if stain is gone before drying. If not, repeat.

Mud: Allow mud to dry completely, then scrape away debris with a toothbrush. Rub dish soap on the stain with a damp cloth; let sit for 15 minutes, then scrub with a toothbrush on both sides of stain. Wash as usual.

Red Wine: Mix together equal parts Dawn dish soap and hydrogen peroxide; pour over stain and allow to soak up the wine. Wash as usual.

Grease: Fresh stain: Pour baking soda on stain and let sit for up to 10 minutes; scrape away with toothbrush. Repeat until baking soda no longer turns brown; wash as usual.

Laundry Stain Removal Tips

Perspiration: Create a paste with baking soda and water; apply to stain and let sit for about an hour. Wash as usual.

Blood: Dab the stain with a damp rag; don't scrub. Soak in water with mild detergent for at least an hour; then blot the stain with hydrogen peroxide; rinse. Wash in cool water and let air dry. Repeat if necessary.

Grass: Soak the stain for 15 minutes with equal parts water and white vinegar, then gently dab the stain. Wash as normal. Check to see if stain is gone before drying. If not, repeat.

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Red Wine: Mix together equal parts Dawn dish soap and hydrogen peroxide; pour over stain and allow to soak up the wine. Wash as usual.

Grease: Fresh stain: Pour baking soda on stain and let sit for up to 10 minutes; scrape away with toothbrush. Repeat until baking soda no longer turns brown; wash as usual.

Natural Cleaning Recipes

All-Purpose Spray: Mix equal parts distilled water and white vinegar to a spray bottle. Spray mix on items to clean and wipe away with a microfiber cloth.

Optional: add 20 drops of essential oils to mixture.

Mold & Mildew Spray: Mix equal parts distilled water and white vinegar in a spray bottle. Add 10 drops tea tree essential oil and 10 drops lemon essential oil. Spray on problem areas and wipe clean.

Glass Cleaner: Mix 2 cups distilled water, 2 Tbsp. vinegar, 10 drops essential oil in a spray bottle. Spray on glass, wipe clean with microfiber cloth.

Tile & Grout Cleaner: Mix 1-part water and 3 parts baking soda to make a paste. Apply paste to grout, let sit for a few minutes, then scrub with toothbrush. Wipe clean with clean damp sponge.

Toilet Cleaner: Pour undiluted vinegar around top of toilet bowl, scrub until clean.

Hardwood Floor Cleaner: Mix 2 Tbsp. dish soap with one gallon of warm water; mop floors as usual.

Carpet Freshener: Add 2 cups baking soda to a bowl. Add 10-15 drops essential oil; mix well. Put in container with holes (ex. Parmesan cheese container). To use: Sprinkle on carpet, let sit 15 minutes; vacuum as normal.

Stainless Steel Cleaner: Mix a little bit of dish soap with water in a spray bottle. Spray on surface and scrub clean with a microfiber cloth in the direction of the grain.

Oven Cleaner: Mix liquid dish soap, baking soda, coarse salt, and white vinegar to make a paste. Apply to oven & let sit overnight. Soak a clean sponge in warm water & scrub thoroughly. Spray entire oven with white vinegar; wipe clean.

Microwave Cleaner: Mix $\frac{1}{4}$ cup white vinegar and 1 cup water in a bowl. Place in microwave; heat on highest setting 5 minutes. Once cool, dip clean cloth in mixture and wipe away splatters and stains.

Natural Cleaning Recipes for Laundry

Powdered Laundry Detergent

Pour 8 cups Borax and 6 cups Super Washing Soda into a large bowl; mix well. Grate 3 bars Ivory soap with a cheese grater and add to Borax mixture; mix until well combined.

To use: 2 Tbsp per regular load of laundry; 3 Tbsp for larger loads or really dirty loads.

Laundry Scent Booster

Mix $\frac{1}{2}$ cup Epsom salt, $\frac{1}{2}$ cup baking soda, and 20-30 drops essential oils in a bowl until well combined. Let air dry for about an hour or so, then put in airtight container (ex. Mason jar).

To use: Add 2 Tbsp. to machine before adding clothes; add laundry detergent and wash as normal.

Reusable Dryer Sheets

Mix 1-1/2 cup white vinegar, $\frac{1}{2}$ cup distilled water, & 20 drops essential oil in an airtight container. Add old cloths (ex: washcloths cut in half) to mixture and let soak for an hour.

To use: Ring out cloth, toss in dryer with freshly washed clothes. Put back in container when done.

Meal Planning



Weekly Menu

For the Week of _____

Monday

B _____

L _____

D _____

Tuesday

B _____

L _____

D _____

Wednesday

B _____

L _____

D _____

Thursday

B _____

L _____

D _____

Friday

B _____

L _____

D _____

Saturday

B _____

L _____

D _____

Sunday

B _____

L _____

D _____

Shopping List

Monthly Meal Plan

Week 1	Monday _____
	Tuesday _____
	Wednesday _____
	Thursday _____
	Friday _____
	Saturday _____
	Sunday _____
Week 2	Monday _____
	Tuesday _____
	Wednesday _____
	Thursday _____
	Friday _____
	Saturday _____
	Sunday _____
Week 3	Monday _____
	Tuesday _____
	Wednesday _____
	Thursday _____
	Friday _____
	Saturday _____
	Sunday _____
Week 4	Monday _____
	Tuesday _____
	Wednesday _____
	Thursday _____
	Friday _____
	Saturday _____
	Sunday _____

Favorite Meals List

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New Meals to Try

Recipe	Cookbook/Source	Page Number

Pantry Inventory

Dry Goods	Qty.

Canned Goods	Qty.

Spices	Qty.

Pasta, Rice, Beans	Qty.

Baking Supplies	Qty.

Snacks & Other	Qty.

Freezer Inventory

Meats	Exp.

Prepared Foods	Exp.

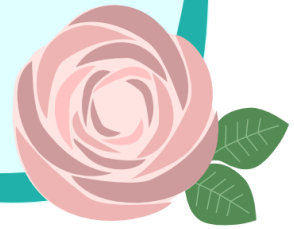
Fruits & Vegetables	Exp.

Other	Exp.

Fridge Inventory

Item	Expires	Qty.

Home Maintenance



Yearly Home Maintenance Checklist

<p>January</p> <ul style="list-style-type: none"> <input type="checkbox"/> Test carbon monoxide & smoke detectors <input type="checkbox"/> Clean range hood fan <input type="checkbox"/> Vacuum fridge coils <input type="checkbox"/> Check water softener <input type="checkbox"/> Clean garbage disposal 	<p>February</p> <ul style="list-style-type: none"> <input type="checkbox"/> Clean & vacuum curtains <input type="checkbox"/> Clean Garbage Disposal <input type="checkbox"/> Test Carbon Monoxide & Smoke Detectors <input type="checkbox"/> Check caulking around bathtubs & showers 	<p>March</p> <ul style="list-style-type: none"> <input type="checkbox"/> Change furnace filters <input type="checkbox"/> Change batteries in smoke detectors <input type="checkbox"/> Test carbon monoxide detectors <input type="checkbox"/> Inspect roof for damage <input type="checkbox"/> Check outside drainage <input type="checkbox"/> Get A/C serviced <input type="checkbox"/> Clean garbage disposal
<p>April</p> <ul style="list-style-type: none"> <input type="checkbox"/> Test carbon monoxide & smoke detectors <input type="checkbox"/> Check water softener <input type="checkbox"/> Clear dead plants/shrubs <input type="checkbox"/> Free window wells of debris <input type="checkbox"/> Clean garbage disposal 	<p>May</p> <ul style="list-style-type: none"> <input type="checkbox"/> Oil garage door tracks <input type="checkbox"/> Trim trees/bushes/shrubs <input type="checkbox"/> Maintain lawn growth <input type="checkbox"/> Clean garbage disposal <input type="checkbox"/> Test carbon monoxide & smoke detectors <input type="checkbox"/> Fertilize lawn <input type="checkbox"/> Clean window screens 	<p>June</p> <ul style="list-style-type: none"> <input type="checkbox"/> Change furnace filter <input type="checkbox"/> Test carbon monoxide & smoke detectors <input type="checkbox"/> Remove lint from dryer exhaust <input type="checkbox"/> Maintain lawn growth <input type="checkbox"/> Power wash windows & siding <input type="checkbox"/> Clean garage <input type="checkbox"/> Inspect plumbing <input type="checkbox"/> Clean garbage disposal
<p>July</p> <ul style="list-style-type: none"> <input type="checkbox"/> Test carbon monoxide & smoke detectors <input type="checkbox"/> Maintain lawn growth <input type="checkbox"/> Clean range hood fan <input type="checkbox"/> Vacuum refrigerator coils <input type="checkbox"/> Check water softener <input type="checkbox"/> Clean garbage disposal 	<p>August</p> <ul style="list-style-type: none"> <input type="checkbox"/> Check for signs of ants & destructive insects <input type="checkbox"/> Test carbon monoxide & smoke detectors <input type="checkbox"/> Maintain lawn growth <input type="checkbox"/> Clean garbage disposal 	<p>September</p> <ul style="list-style-type: none"> <input type="checkbox"/> Inspect roof for damage <input type="checkbox"/> Get heater serviced <input type="checkbox"/> Fertilize lawn <input type="checkbox"/> Check weatherstripping <input type="checkbox"/> Test carbon monoxide & smoke detectors <input type="checkbox"/> Clean garbage disposal
<p>October</p> <ul style="list-style-type: none"> <input type="checkbox"/> Test carbon monoxide & smoke detectors <input type="checkbox"/> Check water softener <input type="checkbox"/> Clean garbage disposal <input type="checkbox"/> Clean & inspect chimney <input type="checkbox"/> Clear gutters & downspouts 	<p>November</p> <ul style="list-style-type: none"> <input type="checkbox"/> Deep clean carpets <input type="checkbox"/> Remove lint from dryer exhaust <input type="checkbox"/> Replace batteries in smoke detector <input type="checkbox"/> Check fire extinguisher <input type="checkbox"/> Clean kitchen exhaust hood <input type="checkbox"/> Clean garbage disposal 	<p>December</p> <ul style="list-style-type: none"> <input type="checkbox"/> Clean garbage disposal <input type="checkbox"/> Test carbon monoxide & smoke detectors <input type="checkbox"/> Inspect appliance hoses <input type="checkbox"/> Check sinks and toilets for leaks <input type="checkbox"/> Oil garage door tracks

Yearly Home Maintenance Checklist

January <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	February <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	March <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
April <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	May <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	June <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
July <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	August <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	September <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
October <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	November <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	December <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____

Seasonal Home Maintenance Checklist

Winter

- Check sinks for leaks
- Change direction of ceiling fans
- Test sump pump
- Test GFCI outlets
- Check & re-grout tile if needed
- Change furnace filters every month
- Inspect appliance hoses

Spring

- Repair window screens
- Clean gutters
- Inspect roof
- Clean and seal deck
- Check caulking around windows
- Fix any loose siding
- Remove storm windows & install screens
- Drain sediment from hot water tank

Summer

- Pressure wash home exterior
- Check for signs of destructive insects
- Deep clean carpets & floors
- Clean kitchen exhaust hood & filter
- Inspect crawl space/basement for moisture
- Vacuum fridge coils
- Inspect foundation for cracks or drainage issues

Fall

- Insulate exposed pipes
- Remove screens, install storm windows
- Turn off outdoor water, store hoses
- Patch & seal driveway
- Check weatherstripping
- Oil garage door tracks
- Have chimney cleaned
- Check damper in fireplace
- Prune bushes & trees

Seasonal Home Maintenance Checklist

Winter

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

Spring

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

Summer

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

Fall

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

Home Project To-Do List

Quick List:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____
21. _____
22. _____
23. _____
24. _____
25. _____
26. _____
27. _____
28. _____
29. _____
30. _____

Notes:

Home Project Planner

Project:

Timeline:

Description:

Schedule:

Resources:

Notes:

Supplies:

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

To-Do:

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

Room Project Planner

Date started:

Goal date:

Room Size:

The plan:

Shopping list:

- _____
- _____
- _____
- _____
- _____
- _____

Websites & Ideas:

Color Swatches:

Main Color	Third Color
Second Color	Fourth Color

Wallpaper Numbers: _____

Decorating Info by Room

Room size:	Date started:	Goal date:
------------	---------------	------------

Paint colors	Date purchased	Where purchased	Price

Wallpaper numbers	Date purchased	Where purchased	Price

Plans & Ideas

Home Inventory

Item description	Date purchased	Manufacturer	Serial/Model #	Where purchased	Cost

Utilities & Services Contact Info

	Company Name	Phone Number	Acct. #
Gas Company			
Electric Company			
Phone Company			
Cell Phone Provider			
Cable/TV Provider			
Internet Provider			
Water Company			
Trash Service			
Recycling Services			
Sewer Services			

Previously Used or Recommended Home Companies

Company Name	Service Provide	Contact Info	Date Used

Family Emergency Plan

Name	Cell #	Likely Location	Location Address	Notes

Family Meeting Places:

<p>Outside the Home</p> <hr/> <hr/>
<p>In the Community</p> <hr/> <hr/>
<p>In our Region</p> <hr/> <hr/>

Emergency Contacts (out of area)

<p>Contact #1</p> <p>Name _____</p> <p>Cell # _____</p> <p>Work # _____</p> <p>Home # _____</p> <p>Email _____</p>
<p>Contact #2</p> <p>Name _____</p> <p>Cell # _____</p> <p>Work # _____</p> <p>Home # _____</p> <p>Email _____</p>

Evacuation & Destination Routes:

Destination #1	
Destination Name: _____	
Address: _____	
Route: _____	

Notes: _____	

Destination #2	
Destination Name: _____	
Address: _____	
Route: _____	

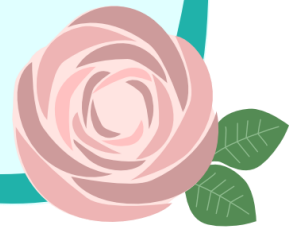
Notes: _____	

Plan for pets:

Emergency Bag Contents:

<input type="checkbox"/> Copy of important documents (property titles, insurance policies, medical information, etc.)	<input type="checkbox"/> Prescription medications
<input type="checkbox"/> At least \$50-\$100 in cash	<input type="checkbox"/> First aid kit
<input type="checkbox"/> 2 bottles of water per family member	<input type="checkbox"/> Map of region
<input type="checkbox"/> Snacks for family members	<input type="checkbox"/> Blanket
<input type="checkbox"/> Flashlight & batteries	<input type="checkbox"/> Raingear
<input type="checkbox"/> Battery-powered radio (with extra batteries)	<input type="checkbox"/> _____
	<input type="checkbox"/> _____
	<input type="checkbox"/> _____

Vehicles



Vehicle Overview

Vehicle #1	Vehicle #2
Year: _____	Year: _____
Make: _____	Make: _____
Model: _____	Model: _____
License Plate: _____	License Plate: _____
VIN: _____	VIN: _____
Purchase Date: _____	Purchase Date: _____
Where purchased: _____	Where purchased: _____

Vehicle #3	Vehicle #4
Year: _____	Year: _____
Make: _____	Make: _____
Model: _____	Model: _____
License Plate: _____	License Plate: _____
VIN: _____	VIN: _____
Purchase Date: _____	Purchase Date: _____
Where purchased: _____	Where purchased: _____

Car Maintenance Log

Year: _____ Make: _____ Model: _____

License Plate: _____ VIN: _____

Purchase Date: _____ From: _____

Date	Service Completed	Completed By	Notes

Vehicle Insurance Policy

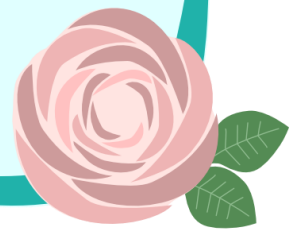
Insurance Company: _____
Contact Information: _____
Policy Number: _____

Vehicle #1	Vehicle #2
Year: _____ Make/Model: _____ Premium: _____	Year: _____ Make/Model: _____ Premium: _____
Liability Limits Bodily Injury Per Person: _____ Bodily Injury Per Occurrence: _____ Property Damage: _____ Limited Property Damage: _____	Liability Limits Bodily Injury Per Person: _____ Bodily Injury Per Occurrence: _____ Property Damage: _____ Limited Property Damage: _____
Property Limits Comprehensive Coverage: _____ Comprehensive Deductible: _____ Collision Coverage: _____ Collision Deductible: _____ Personal Protection Ins.: _____ Underinsured Motorist: _____ Uninsured Motorist: _____ Rental Reimbursement: _____ Towing & Labor: _____ Sound System: _____	Property Limits Comprehensive Coverage: _____ Comprehensive Deductible: _____ Collision Coverage: _____ Collision Deductible: _____ Personal Protection Ins.: _____ Underinsured Motorist: _____ Uninsured Motorist: _____ Rental Reimbursement: _____ Towing & Labor: _____ Sound System: _____
Notes: _____ _____ _____ _____ _____	Notes: _____ _____ _____ _____ _____

Emergency Car Kit Checklist

Keep at all times	Winter survival extras
<ul style="list-style-type: none"><input type="checkbox"/> Car jack & spare tire<input type="checkbox"/> Tire inflator & sealant<input type="checkbox"/> Jumper cables<input type="checkbox"/> Replacement fuses<input type="checkbox"/> Emergency car battery<input type="checkbox"/> Tire pressure gauge<input type="checkbox"/> Flashlight & extra batteries<input type="checkbox"/> Reflective vest<input type="checkbox"/> Utility gloves<input type="checkbox"/> Duct tape<input type="checkbox"/> Tow strap<input type="checkbox"/> Multipurpose utility tool<input type="checkbox"/> Small tool kit<input type="checkbox"/> Mechanic rags<input type="checkbox"/> Bottled water<input type="checkbox"/> Non-perishable food<input type="checkbox"/> Blankets<input type="checkbox"/> Whistle & pocket knife<input type="checkbox"/> First aid kit<input type="checkbox"/> Cell phone charger<input type="checkbox"/> Fire extinguisher	<ul style="list-style-type: none"><input type="checkbox"/> Ice scraper<input type="checkbox"/> Small shovel<input type="checkbox"/> Kitty litter, sand, or salt<input type="checkbox"/> First aid kit<input type="checkbox"/> Emergency blanket<input type="checkbox"/> Cellphone charger<input type="checkbox"/> Water bottles<input type="checkbox"/> Nonperishable snacks<input type="checkbox"/> Rain poncho<input type="checkbox"/> Extra clothes<input type="checkbox"/> Winter chains<input type="checkbox"/> Hand warmers<input type="checkbox"/> Windshield wiper fluid<input type="checkbox"/> Matches or lighter<input type="checkbox"/> Emergency candles

Finances



Household Budget Overview

Income

Source	Amount
Total Income:	

Expenses

Expense	Amount
Housing	
Vehicles	
Utilities	
Medical	
Food	
Children	
Personal/Household	
Entertainment	
Savings	
Giving	
Debt	
Other	
Total Expenses:	

Savings Goal

--

Notes

--

Debt Tracker

Debt	Total Amount Owed	Monthly Payment	Final Payment Date

Savings Tracker

Saving for: _____ Start Date: _____
 Goal amount: _____ End Date: _____

Date	Withdrawal	Deposit	Balance

Spending Tracker

Date	Expense Type	Category	Method	Amount

Monthly Bill Tracker

Month of: _____

Bill/Account #	Due Date	Amount	Notes	Paid?
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
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				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

Emergency Fund Tracker

Month	Amount Added	Running Total

Gift Budget Tracker

Recipient	Budget	Final Cost
Total Budget _____	Total Spent _____	

Bank Account Information

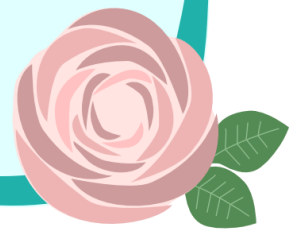
Account type: _____	Account type: _____
Account #: _____	Account #: _____
Routing #: _____	Routing #: _____
Card #: _____	Card #: _____
Pin #: _____	Pin #: _____
Bank name: _____	Bank name: _____
Phone #: _____	Phone #: _____
Address: _____ _____	Address: _____ _____
Website: _____	Website: _____
Username: _____	Username: _____
Password: _____	Password: _____
Notes: _____ _____ _____ _____	Notes: _____ _____ _____ _____

Bill Tracker

Company: _____	Company: _____
Account #: _____	Account #: _____
Address: _____ _____	Address: _____ _____
Phone #: _____	Phone #: _____
Website: _____	Website: _____
User name: _____	User name: _____
Password: _____	Password: _____
Notes: _____	Notes: _____

Company: _____	Company: _____
Account #: _____	Account #: _____
Address: _____ _____	Address: _____ _____
Phone #: _____	Phone #: _____
Website: _____	Website: _____
User name: _____	User name: _____
Password: _____	Password: _____
Notes: _____	Notes: _____

Vacations



Vacation Wishlist

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Vacation Planner

Destination: _____

Travel Information

Hotel Name	
Hotel Phone	
Hotel Address	
Car Rental	

Flight Information

Flight #1	Flight #2	Flight #3	Flight #4
Arrival _____	Arrival _____	Arrival _____	Arrival _____
Departure _____	Departure _____	Departure _____	Departure _____
Flight # _____	Flight # _____	Flight # _____	Flight # _____
Gate _____	Gate _____	Gate _____	Gate _____

Schedule

Places to see:

Places to eat:

Things to do:

Budget

Transportation	Lodging	Food	Supplies
Budgeted _____	Budgeted _____	Budgeted _____	Budgeted _____
Actual _____	Actual _____	Actual _____	Actual _____
Difference _____	Difference _____	Difference _____	Difference _____

Packing List

Destination: _____ Trip Dates: _____

Most Important

<input type="checkbox"/> Passport/Visa	<input type="checkbox"/> Prescription Meds	<input type="checkbox"/> Glasses/Contacts
--	--	---

Toiletries

<input type="checkbox"/> Toothbrush	<input type="checkbox"/> Toothpaste	<input type="checkbox"/>
<input type="checkbox"/> Dental Floss	<input type="checkbox"/> Deodorant	<input type="checkbox"/>
<input type="checkbox"/> Makeup	<input type="checkbox"/> Makeup Remover	<input type="checkbox"/>
<input type="checkbox"/> Nail Clippers	<input type="checkbox"/> Tweezers	<input type="checkbox"/>
<input type="checkbox"/> Lotion	<input type="checkbox"/> Shampoo/Conditioner	<input type="checkbox"/>
<input type="checkbox"/> Body Wash	<input type="checkbox"/> Face Wash	<input type="checkbox"/>
<input type="checkbox"/> Hair Products	<input type="checkbox"/> Brush	<input type="checkbox"/>
<input type="checkbox"/> Perfume	<input type="checkbox"/> Sunscreen	<input type="checkbox"/>
<input type="checkbox"/> Medicine	<input type="checkbox"/> Tampons/Pads	<input type="checkbox"/>

Clothing & Accessories

<input type="checkbox"/> Underwear	<input type="checkbox"/> Socks	<input type="checkbox"/>
<input type="checkbox"/> Bras	<input type="checkbox"/> Pajamas	<input type="checkbox"/>
<input type="checkbox"/> Jacket	<input type="checkbox"/> Sweaters/Sweatshirt	<input type="checkbox"/>
<input type="checkbox"/> T-shirts	<input type="checkbox"/> Nice Outfit	<input type="checkbox"/>
<input type="checkbox"/> Swimsuit	<input type="checkbox"/> Dresses	<input type="checkbox"/>
<input type="checkbox"/> Skirts	<input type="checkbox"/> Pants	<input type="checkbox"/>
<input type="checkbox"/> Shorts	<input type="checkbox"/> Dress Shoes	<input type="checkbox"/>
<input type="checkbox"/> Casual Shoes	<input type="checkbox"/> Sandals	<input type="checkbox"/>
<input type="checkbox"/> Belts	<input type="checkbox"/> Jewelry	<input type="checkbox"/>
<input type="checkbox"/> Sunglasses	<input type="checkbox"/> Hats	<input type="checkbox"/>

Miscellaneous

<input type="checkbox"/> Cell phone/Charger	<input type="checkbox"/> Laptop/Charger	<input type="checkbox"/> Credit/Debit Cards
<input type="checkbox"/> Camera/Charger	<input type="checkbox"/> Books/E-Reader	<input type="checkbox"/> Games
<input type="checkbox"/> Neck Pillow	<input type="checkbox"/> Snacks	<input type="checkbox"/> Hand Sanitizer
<input type="checkbox"/> Insurance Cards	<input type="checkbox"/>	<input type="checkbox"/>

While We are Gone (for house sitter)

Our address: _____

Our house number: _____

Our cell numbers: _____

Where we will be: _____

We will be back at: _____

In case of emergency: _____

Special instructions: _____

Pre-Vacation To-Do List

A week or two before

- Make plans for pets
- Stock up on pet food/supplies
- Ask someone to get your mail or schedule a hold
- Ask someone to water plants
- Pay bills that will be due while you're gone
- Refill prescriptions
- Program emergency numbers into your phone

A few days before

- Mow the lawn
- Return/renew library books
- Notify trusted neighbor of plans
- Drop off spare key with house sitter or neighbor
- Lock up outdoor equipment
- Pack

Right before you leave

- Turn all appliances off
- Unplug small kitchen appliances
- Unplug computers & TVs
- Remove spare key from hiding spot (if applicable)
- Turn heat/air down
- Turn hot water heater down
- Check washer/dryer for wet laundry
- Take out trash
- Turn off water (to avoid plumbing problems when gone)
- Check locks on doors & windows
- Set alarm system

If going on a road trip

- Check tire pressure
- Check oil
- Check windshield washer fluid
- Check brake fluid
- Check coolant level
- Check transmission fluid
- Check headlights, brake lights, & turn signal
- Check spare tire
- Check/restock first aid kit
- Fill up gas tank
- Clean & vacuum out car
- Pack spare key

Babysitting Information

General Info

Parent name: _____ Parent name: _____

Parent cell #: _____ Parent cell #: _____

Home address: _____

Wifi info: _____

Kids

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

How to Reach Us

Location name: _____ Phone: _____

Address: _____

Food

Allergies: _____

Breakfast: _____

Lunch: _____

Dinner: _____

Snacks: _____

In Case of Emergency:

Emergency Contact: _____ Phone: _____

Poison Control: _____

Pediatrician: _____ Phone: _____

Health Insurance Info: _____

Pet Sitting Information

How to Reach Us

Location name: _____ Phone: _____

Address: _____

Pet Information

Pet name: _____ Age: _____

Type/Breed: _____

Feeding schedule & portions: _____

Walk/Play schedule: _____

Medications & schedule: _____

Microchip number: _____

Other information: _____

Vet Information

Regular vet: _____ Phone: _____

Address: _____

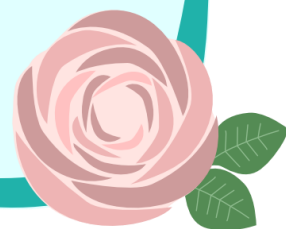
Emergency vet: _____ Phone: _____

Address: _____

Insurance information: _____

Notes

Important Information



Medical Information

Name: _____

Date of birth: _____ Place of birth: _____

SSN _____

Weight: _____ Height: _____

Blood type: _____

Hair color: _____ Eye color: _____

Allergies: _____

Diagnosis(es): _____

Vaccination info: _____

Primary doctor name: _____

Primary doctor phone: _____

Primary doctor address: _____

Dentist name: _____

Dentist phone: _____

Dentist address: _____

Insurance company name: _____

Insurance company phone: _____

Insurance policy number: _____

Other info: _____

Medical Record

Name: _____

Medications

Name	Dose	Frequency	Start Date	End Date	Notes

Surgeries

Type	Date	Doctor	Location	Notes

Illness/Diagnosis

Diagnosis	Date Diagnosed	Doctor	Notes

Insurance Information

Medical: _____ Policy #: _____

Mailing address: _____

Agent: _____ Phone: _____

Auto: _____ Policy #: _____

Mailing address: _____

Agent: _____ Phone: _____

Homeowners: _____ Policy #: _____

Mailing address: _____

Agent: _____ Phone: _____

Life: _____ Policy #: _____

Mailing address: _____

Agent: _____ Phone: _____

Other: _____ Policy #: _____

Mailing address: _____

Agent: _____ Phone: _____

Address Book

Name:	Home:
Address:	Cell:
	Work:
Email:	

Name:	Home:
Address:	Cell:
	Work:
Email:	

Name:	Home:
Address:	Cell:
	Work:
Email:	

Name:	Home:
Address:	Cell:
	Work:
Email:	

Name:	Home:
Address:	Cell:
	Work:
Email:	

Name:	Home:
Address:	Cell:
	Work:
Email:	

Name:	Home:
Address:	Cell:
	Work:
Email:	

Emergency Contacts

Full Name: _____

Home phone: _____ Cell phone: _____

Email address: _____

Home address: _____

Primary emergency contact: _____

Relationship: _____

Home: _____ Cell: _____ Work: _____

Secondary emergency contact: _____

Relationship: _____

Home: _____ Cell: _____ Work: _____

Preferred local hospital: _____

Insurance company: _____

Policy number: _____

Other: _____

School Information

School name:
Address:
Phone #:
Principal:
Bus # and driver name:
Bus phone #:
Teacher:
Classroom #:

School name:
Address:
Phone #:
Principal:
Bus # and driver name:
Bus phone #:
Teacher:
Classroom #:

School name:
Address:
Phone #:
Principal:
Bus # and driver name:
Bus phone #:
Teacher:
Classroom #:

Pet Record

Name: _____ Birthdate: _____

Spay/Neuter Date: _____ Breed: _____

Special Markings: _____

Vaccine	Immunization Dates						Vet

Medication	Dosage Schedule	Veterinarian

Notes:

Passwords

Website	Username	Password	Email

Birthdays & Anniversaries

January	July
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>
February	August
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>
March	September
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>
April	October
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>
May	November
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>
June	December
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>

Calendars	To-Do Lists
Cleaning	Meal Planning
Home Maintenance	Vehicles
Finances	Vacations
Important Info	
<i>Calendars</i>	<i>To-Do Lists</i>
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