



our
family
planner

emergency
quick sheet

Father's Name:

Mother's Name:

Home Address:

Home Phone Number:

Cell Phone #:

Work #'s:

PEDIATRICIAN:

Address:

Phone Number:

Pharmacy:

Phone Number:

DENTIST:

Address:

Phone Number:

FAMILY PHYSICIAN:

Address:

Phone Number:

SPECIALIST:

Address:

Phone Number:

Emergency Phone Numbers:

{911}

Poison Control:

School:

Nighttime Pediatrics:

Emergency Contact:



our address: _____

our home #: _____

our cell #'s: _____

where we will be: _____

we will be back at: _____

in case of emergency: _____

special instructions: _____

School Info

School Name

Address:

Phone #:

Principal:

Bus# & Driver:

Bus Phone #:

School Name

Address:

Phone #:

Principal:

Bus# & Driver:

Bus Phone #:

Teacher:

Classroom:

Room #:

Teacher:

Classroom:

Room #:

Teacher:

Classroom:

Room #:

Teacher:

Classroom:

Room #:

birthdays & anniversaries

January

February

March

1		1		1	
2		2		2	
3		3		3	
4		4		4	
5		5		5	
6		6		6	
7		7		7	
8		8		8	
9		9		9	
10		10		10	
11		11		11	
12		12		12	
13		13		13	
14		14		14	
15		15		15	
16		16		16	
17		17		17	
18		18		18	
19		19		19	
20		20		20	
21		21		21	
22		22		22	
23		23		23	
24		24		24	
25		25		25	
26		26		26	
27		27		27	
28		28		28	
29		{29}		29	
30				30	
31				31	

birthdays & anniversaries

April

May

June

1		1		1	
2		2		2	
3		3		3	
4		4		4	
5		5		5	
6		6		6	
7		7		7	
8		8		8	
9		9		9	
10		10		10	
11		11		11	
12		12		12	
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23		23		23	
24		24		24	
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26		26		26	
27		27		27	
28		28		28	
29		29		29	
30		30		30	
		31			

birthdays & anniversaries

July

August

September

1		1		1	
2		2		2	
3		3		3	
4	Independence Day	4		4	
5		5		5	
6		6		6	
7		7		7	
8		8		8	
9		9		9	
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26		26		26	
27		27		27	
28		28		28	
29		29		29	
30		30		30	
31		31			

birthdays & anniversaries

October

November

December

1		1		1	
2		2		2	
3		3		3	
4		4		4	
5		5		5	
6		6		6	
7		7		7	
8		8		8	
9		9		9	
10		10		10	
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19		19		19	
20		20		20	
21		21		21	
22		22		22	
23		23		23	
24		24		24	Christmas Eve
25		25		25	Christmas
26		26		26	
27		27		27	
28		28		28	
29		29		29	
30		30		30	
31	Halloween			31	

Name: *Medical conditions and prescriptions*

my health facts

Blood Type	Birthdate	Place of Birth	Social Security
Height	Weight	Hair color	Eye color

Right Hand Finger Prints

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Left Hand Finger Prints

--	--	--	--	--

My Birthmarks and a few pieces of my hair:

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medical
information

Doctor:

Specialist:

Address:

Phone #:

Preferred Hospital:

Last Seen

Doctor:

Specialist:

Address:

Phone #:

Preferred Hospital:

Last Seen

Doctor:

Specialist:

Address:

Phone #:

Preferred Hospital:

Last Seen



Prescriptions

name: _____

prescription _____

doctor: _____

date began: _____

how often: _____

instructions: _____

medical condition: _____

name: _____

prescription _____

doctor: _____

date began: _____

how often: _____

instructions: _____

medical condition: _____

name: _____

prescription _____

doctor: _____

date began: _____

how often: _____

instructions: _____

medical condition: _____

name: _____

prescription _____

doctor: _____

date began: _____

how often: _____

instructions: _____

medical condition: _____

name: _____

prescription _____

doctor: _____

date began: _____

how often: _____

instructions: _____

medical condition: _____



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 #:



Weekly Menu Planner



{week of _____}

sunday

B
L
D

monday

B
L
D

tuesday

B
L
D

wednesday

B
L
D

thursday

B
L
D

friday

B
L
D

saturday

B
L
D

daily quick clean



make beds
pick up bedroom
pick up living room
wash dishes
wipe sink
sweep kitchen
wipe down table
wipe down countertops
water plants
empty trash
declutter

Weekly Cleaning Schedule



sunday

relax

monday

Laundry- wash, fold, put away
wash bedding

tuesday

Kitchen- wipe counters, clean out fridge,
microwave, oven. sweep/mop

wednesday

Bedrooms & Dusting

thursday

Bathrooms- toilets, tub/shower
sink, mirrors, sweep/mop

friday

Laundry- wash, fold, put away

saturday

Menu Plan & Yard Work

*vacuum & sweep as needed

Weekly Cleaning Schedule



sunday

monday

tuesday

wednesday

thursday

friday

saturday

Monthly Deep Cleaning



wash rugs

spot clean carpet & furniture

clean out light fixtures/dust

vacuum & dust furniture

clean windows

vacuum & wash baseboards

wash curtains/window coverings

check smoke alarms

deep clean appliances

replace linens (seasonal)

organize 1 closet

polish wood

Monthly Deep Cleaning

A large, empty rounded rectangle with a thick red border, intended for writing notes or a checklist.

Entry, Living, & Main Areas

- Windows:* open windows & take out and wash screens. Wash windows inside & out. Vacuum and wipe out sills.
- Entry Closet & Mudroom:* empty closets and wipe down floors and walls. Sort through items and gather seasonal items to put into storage.
- Floors & Trim:* Sweep, mop, & vacuum floors. Wash floorboards, trim, & spot clean walls. Touch up paint. Wash and vacuum rugs.
- Furniture:* Vacuum & spot clean sofas. Wax and polish wood furniture. Dust shelves, tabletops, lamps & artwork. Dust electronics and sort entertainment (dvds, video games, etc).
- Textiles:* Wash &/or replace window coverings. Wash all throw pillows/covers & throw blankets.
- Switchplates, Knobs, & Vents:* Wash all switchplates & light covers. Dust light fixtures & fan blades. Wash/dust vent covers.

Bathrooms

- Windows:* open windows & take out and wash screens. Wash windows inside & out. Vacuum and wipe out sills.
- Cabinets & Vanity:* Empty out cabinets and drawers and wipe down each area. Sort, discard, & replace items.
- Countertops, Sinks, & Faucets:* Wipe down countertops, faucets, sinks, & knobs.
- Toilet:* Clean toilet entirely, clean around base of toilet & wash the back, sides, top, bottom & handle.
- Floors, Tub, & Shower:* Scrub floors, tub, and shower including features. Reseal grout if necessary.
- Switchplates, Door Knobs, & Vents:* Wash all switchplates & light covers. Dust light fixtures & fan blades. Wash/dust vent covers.

Kitchen Checklist

- Windows:* open windows & take out and wash screens. Wash windows inside & out. Vacuum and wipe out sills. Dust blinds.
- Cabinets, Pantry, & Drawers:* Remove items from each cabinet or drawer. Wipe down each cabinet and drawer and replace items. Organizer pantry and remove expired food.
- Refridgerator & Freezer:* Clean out food and wipe down each area. Check expiration dates and defrost freezer if necessary. Vacuum refridgerator coils and clean underneath fridge.
- Oven, Stove, & Appliances:* Clean out oven. Wash doors. Wipe down stovetop & knobs. Clean underneath stove & wash down sides. Clean out other appliances, wipe out crumbs.
- Floors & Trim:* Sweep, mop, & vacuum floors. Wash floorboards, trim, & spot clean walls. Touch up paint Wash and vacuum rugs if necessary.
- Switchplates, Knobs, & Vents:* Wash all switchplates & light covers. Dust light fixtures, chandeliers & fan blades Wash/dust vent covers.

Bedrooms

- Windows:* open windows & take out and wash screens. Wash windows inside & out. Vacuum and wipe out sills. Wash & replace window coverings.
- Bedding & Textiles:* Wash all throw pillows/covers & throw blankets. Wash and replace all bedding, update seasonal bedding if necessary. Move and vacuum under bed, dressers, nightstands.
- Furniture:* Wax and polish wood furniture. Dust shelves, tabletops, lamps & artwork. Clean out drawers and sort.
- Closet:* Remove clothing and all items. Wash shelves & vacuum or sweep floors. Replace items and discard or donate unused items.
- Floors & Trim:* Vacuum floors & wash floorboards, trim, & spot clean walls. Touch up paint. Wash and vacuum rugs.
- Switchplates, Knobs, & Vents:* Wash all switchplates & light covers. Dust light fixtures & fan blades. Wash/dust vent covers.

{ week of _____ }



week at a glance

mon

tues

wed

thurs

fri

tasks:

sat

sun

Notes:

Notes: