Weekly Meal Plan

	BREAKFAST	LUNCH	SNACKS	DINNER
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDSAY				
FRIDAY				
SATURDAY				
SUNDAY				

EMERGENCY CONTACTS

URGENT HELP: 911
POISON CONTROL:
PARENT:
FAMILY MEMBER:
NEIGHBOR:
DOCTOR:
DENTIST:
VETERINARIAN:

Our Friends Contact List

Name:	Home #:
	Work #:
Address:	Cell # _____:
	Cell # _____:
	Email:
Children:	

Name:	Home #:
	Work #:
Address:	Cell # _____:
	Cell # _____:
	Email:
Children:	

Name:	Home #:
	Work #:
Address:	Cell # _____:
	Cell # _____:
	Email:
Children:	

Name:	Home #:
	Work #:
Address:	Cell # _____:
	Cell # _____:
	Email:
Children:	

Name:	Home #:
	Work #:
Address:	Cell _____:
	Cell _____:
	Email:
Children:	

MEAL PLANNER

REACH YOUR GOALS

WEEK _____ OF _____

THE GOAL:

PURPOSE & MOTIATION

THE CHALLENGES

ACTION STEPS:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____

NOTES:

BUDGET PLANNER

MONTH _____

INCOME	EXPECTED	ACTUAL

EXPENSES		

BILLS	HOUSE	CAR

TRAVEL	FOOD	HEALTH

PETS	CHARITY	SCHOOL

WORK	UTILITIES	MISCELLANEOUS

TOTAL INCOME	TOTAL EXPENSES	LEFT OVER

Babysitter Notes

For the Sitter:

Where We'll Be: _____ When We'll Be Back: _____

Our Address: _____ Our Home Phone: _____

Answer the Phone? Yes ◯ No ◯ Answer the Door? Yes ◯ No ◯

Neighbor: _____ _____ Phone: _____

Neighbor: _____ _____ Phone: _____

Emergency Information:

Emergency Contact: _____ Friend / Relative Phone: _____

Emergency Contact: _____ Friend / Relative Phone: _____

Pediatrician: _____ Phone: _____

Hospital: _____ Phone: _____

Notes: _____

Routines:

Meal Time: _____

What to Feed Them: _____

Snack Time: _____

What to Feed Them: _____

Nap Time: _____

Notes: _____

Bed Time: _____

Notes: _____

Activity Time:

Suggested Activities: _____

Handling Discipline: _____

Other Notes:

_____