

emergency information

address: _____
 phone #: _____

emergency: **911**
 poison control: **1-800**
 police: _____
 fire department: _____
 pediatrician: _____
 family doctor: _____
 dentist: _____
 veterinarian: _____
 notes: _____

Organizing Your Way

master to-do list

week of: _____

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

babysitter information

(emergency info)

emergency: **911**
 parents' names: _____
 where we'll be: _____
 cell phone: _____
 emergency contact: _____
 phone #: _____

child #1: _____ age: _____
 allergies: _____
 child #2: _____ age: _____
 allergies: _____
 child #3: _____ age: _____
 allergies: _____
 child #4: _____ age: _____
 allergies: _____

(food) (bedtime)

meals: _____ bedtime routine: _____
 off limits: _____
 snacks: _____

(other)

important rules: _____

notes: _____

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weekly menu plan

	breakfast	lunch	dinner	snacks	(grocery list)
sun.					_____
mon.					_____
tue.					_____
wed.					_____
thurs.					_____
fri.					_____
sat.					_____

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