

Name: _____						

Name: _____ Date: ____/____/____

Grade: _____

Absence or Tardy

Was Absent / Will Be Absent _____ Was Late / Will Be Late _____

On: _____

Because: _____

Pick-up or Leave Early

Picked Up By: _____

At: _____ AM / PM

Because: _____

Money Checked

Amount \$ _____ Cash Check

For: Teacher Office Other _____

Other

Name: _____ Date: ____/____/____

Grade: _____

Absence or Tardy

Was Absent / Will Be Absent _____ Was Late / Will Be Late _____

On: _____

Because: _____

Pick-up or Leave Early

Picked Up By: _____

At: _____ AM / PM

Because: _____

Money Checked

Amount \$ _____ Cash Check

For: Teacher Office Other _____

Other

Home Maintenance

- | | | |
|--|---|---|
| February
<input type="checkbox"/> Change filters in HVAC
<input type="checkbox"/> Clean garbage disposal
<input type="checkbox"/> Clean range hood
<input type="checkbox"/> Check fire extinguisher
<input type="checkbox"/> Check water softener
<input type="checkbox"/> Check all locks
<input type="checkbox"/> Deep clean whole house | March
<input type="checkbox"/> Change filters in HVAC
<input type="checkbox"/> Clean garbage disposal
<input type="checkbox"/> Clean range hood
<input type="checkbox"/> Check fire extinguisher
<input type="checkbox"/> Test garage door reverse
<input type="checkbox"/> Vacuum fridge coils
<input type="checkbox"/> Check hot water heater | April
<input type="checkbox"/> Change filters in HVAC
<input type="checkbox"/> Clean garbage disposal
<input type="checkbox"/> Clean range hood
<input type="checkbox"/> Check fire extinguisher
<input type="checkbox"/> Check smoke alarm
<input type="checkbox"/> Clean out gutters
<input type="checkbox"/> Check drainage |
| June
<input type="checkbox"/> Change filters in HVAC
<input type="checkbox"/> Clean garbage disposal
<input type="checkbox"/> Clean range hood
<input type="checkbox"/> Check fire extinguisher
<input type="checkbox"/> Test garage door reverse
<input type="checkbox"/> Check plumbing
<input type="checkbox"/> Sprink for bugs | July
<input type="checkbox"/> Change filters in HVAC
<input type="checkbox"/> Clean garbage disposal
<input type="checkbox"/> Clean range hood
<input type="checkbox"/> Check fire extinguisher
<input type="checkbox"/> Check smoke alarm
<input type="checkbox"/> Check deck/patio
<input type="checkbox"/> Clean dryer vent | August
<input type="checkbox"/> Change filters in HVAC
<input type="checkbox"/> Clean garbage disposal
<input type="checkbox"/> Clean range hood
<input type="checkbox"/> Check fire extinguisher
<input type="checkbox"/> Vacuum fridge coils
<input type="checkbox"/> Deep clean whole house
<input type="checkbox"/> Clean garage |
| October
<input type="checkbox"/> Change filters in HVAC
<input type="checkbox"/> Clean garbage disposal
<input type="checkbox"/> Clean range hood
<input type="checkbox"/> Check fire extinguisher
<input type="checkbox"/> Test garage door reverse
<input type="checkbox"/> Check plumbing
<input type="checkbox"/> Deep clean whole house | November
<input type="checkbox"/> Change filters in HVAC
<input type="checkbox"/> Clean garbage disposal
<input type="checkbox"/> Clean range hood
<input type="checkbox"/> Check fire extinguisher
<input type="checkbox"/> Vacuum fridge coils
<input type="checkbox"/> Check deck/patio | December
<input type="checkbox"/> Change filters in HVAC
<input type="checkbox"/> Clean garbage disposal
<input type="checkbox"/> Clean range hood
<input type="checkbox"/> Check fire extinguisher
<input type="checkbox"/> Test garage door reverse
<input type="checkbox"/> Check plumbing
<input type="checkbox"/> Deep clean whole house |

Medical Info

Name: _____ Date of Birth: _____

Insurance Information

Insurance Company: _____
 Phone Number: _____
 Member Number: _____
 Group Number: _____

Work Information

Physician: Physician's Address: Physician's Phone Number:	Employer: Employer's Address: Employer's Phone Number:
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Insurance Information

Emergency Contact: Phone Number:	Allergies:
Emergency Contact: Phone Number:	Medications:

Pet Sitter Inf

Our Information

We will be _____
 We will be back _____
 Cell Numbers: _____
 Important Info: _____

Schedule

Walk/Play Schedule: _____
 Meals: _____
 Snacks: _____
 Hiding Place: _____
 Favorite Toys: _____

Name

Name: _____
 Vet Name: _____
 Vet Number: _____
 Emergency Number: _____
 Allergies/Medical: _____

FINANCES, PROJECTS, FAMILY INFO, CONTACTS,
 FUTURE PLANNING PETS AND SCHOOL