

emergency information

address: _____
phone #: _____

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

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master to-do list

week of: _____

description _____
□ _____
□ _____
□ _____

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) meals: _____
off limits: _____
snacks: _____

(bedtime) bedtime routine: _____

(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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