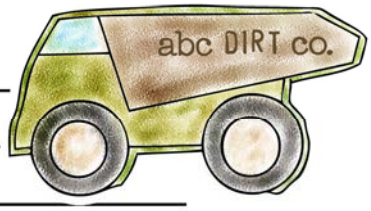
Babysitter Information

Our cell phone # is:_____

We will be back at:_____

We are going:_____



_____loves_____

_____loves_____

_____loves_____

_____loves_____

Games are in the _____

Snacks they can have are:_____

Home rules:

1._____

2._____

3._____

4._____

Bedtime Routine:

_____

_____

_____

_____

_____

Tips:

_____

_____

_____

Important Phone Numbers

Family:

_____	_____	_____	_____
work-_____ cel-_____	work-_____ cel-_____	work-_____ cel-_____	work-_____ cel-_____
_____	_____	_____	_____
work-_____ cel-_____	work-_____ cel-_____	work-_____ cel-_____	work-_____ cel-_____

Friends:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Pediatrician _____
Primary care physician _____
Hospital _____
OBGYN _____
Dentist _____
Eye Doctor _____
Salon _____
Elementary School _____
Middle School _____
High School _____

Errands to Run

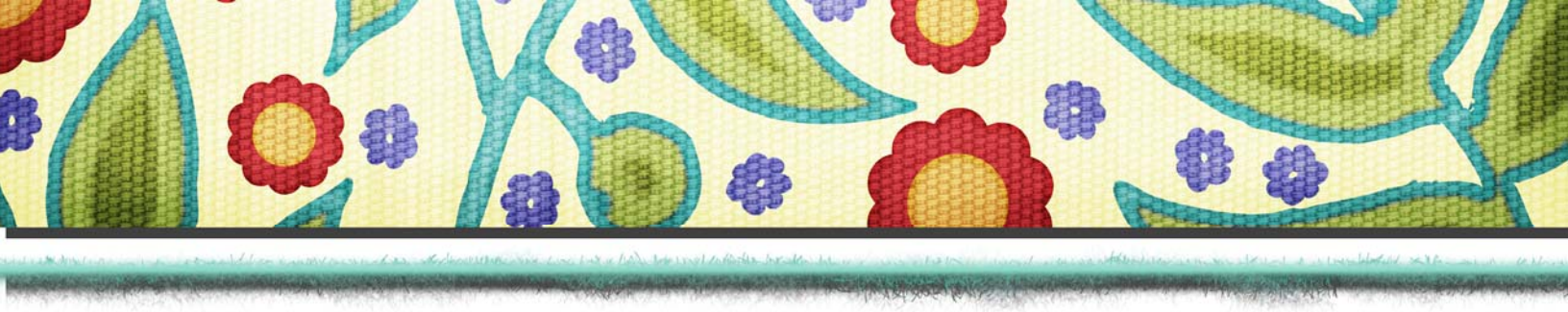
GOALS FOR THE WEEK

Me:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Honey-do list:

1. _____
2. _____
3. _____



Neighborhood Phone List

Adress	Name	Kids	Phone Number

Ongoing Problems

1. _____
Contact person _____
Phone number _____
Date_____
Resolution _____

Follow up _____
Date _____
Resolution _____

2. _____
Contact person_____
Phone number_____
Date_____
Resolution_____

Follow up_____
Date _____
Resolution _____

People to Call

Person: Regarding:

1. _____ _____
2. _____ _____
3. _____ _____
4. _____ _____
5. _____ _____
6. _____ _____

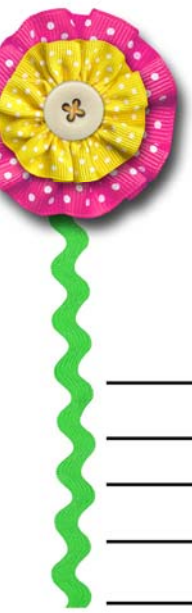
Notes to Write

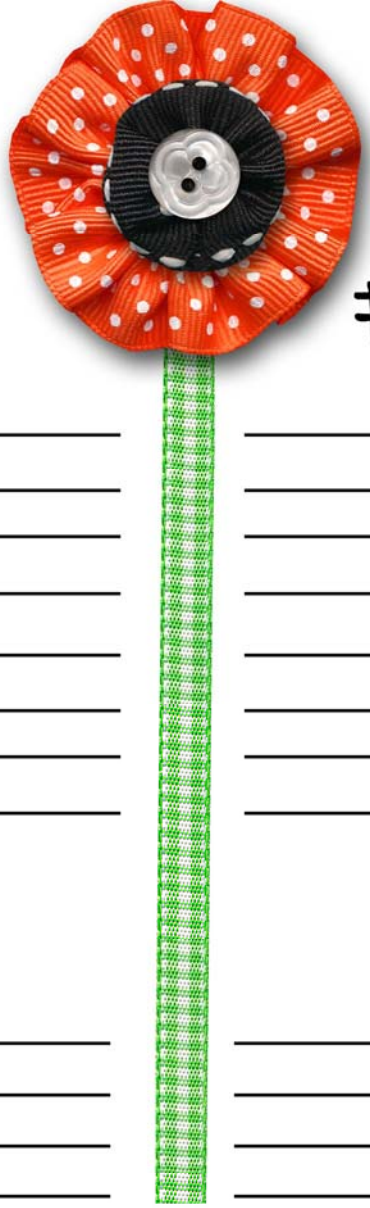
Person: Regarding:

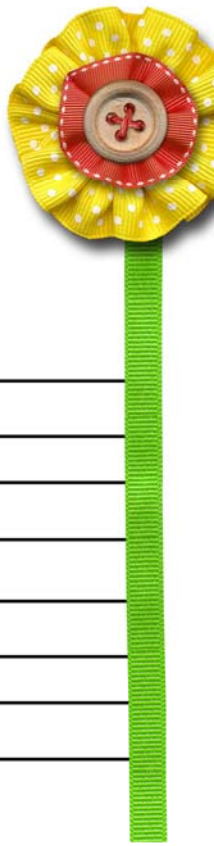
1. _____ _____
2. _____ _____
3. _____ _____
4. _____ _____
5. _____ _____
6. _____ _____

movies i want to see

needs/wants







January

February

March

April

May

June

July

August

September

October

November

December