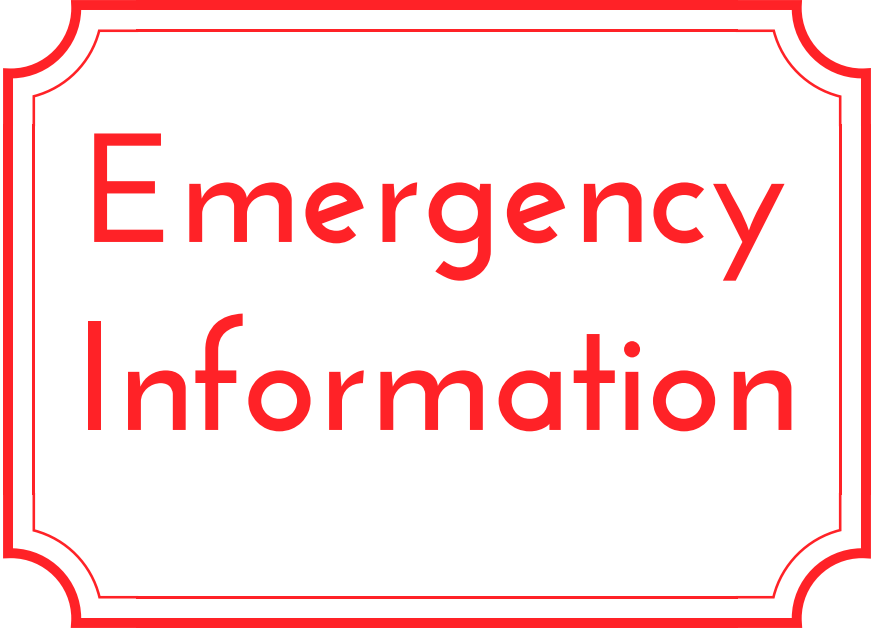




Home
Management
Binder



Emergency Information

Important Information

EMERGENCY INFORMATION:

Our Address: _____

Subdivision: _____

EMERGENCY: 911

Hospital: _____

Pediatrician: _____

Poison Control: _____

MEDICAL CONDITIONS/ALLERGIES/MEDICATIONS:

Who: _____ What: _____

Who: _____ What: _____

Who: _____ What: _____

Who: _____ What: _____

Who: _____ What: _____

Who: _____ What: _____

Who: _____ What: _____

Who: _____ What: _____

Who: _____ What: _____

IMPORTANT PHONE NUMBERS:

Mom cell#: _____ work#: _____

Dad cell#: _____ work#: _____

_____ ()#: _____ ()#: _____

_____ ()#: _____ ()#: _____

_____ ()#: _____ ()#: _____

_____ ()#: _____ ()#: _____

_____ ()#: _____ ()#: _____

Emergency Information

Name: _____ D.O.B.: _____

Medical Conditions: _____

Allergies: _____

Medications: _____

Notes: _____

Name: _____ D.O.B.: _____

Medical Conditions: _____

Allergies: _____

Medications: _____

Notes: _____

Name: _____ D.O.B.: _____

Medical Conditions: _____

Allergies: _____

Medications: _____

Notes: _____

Name: _____ D.O.B.: _____

Medical Conditions: _____

Allergies: _____

Medications: _____

Notes: _____

Name: _____ D.O.B.: _____

Medical Conditions: _____

Allergies: _____

Medications: _____

Notes: _____

Emergency Pet Information

Owner's Name: _____

Address: _____

Home#: _____ Cell#: _____ Work#: _____

Email: _____

Name of Emergency Pet Guardian: _____

Address: _____

Home#: _____ Cell#: _____ Work#: _____

Email: _____

Pet's Name: _____ Sex: Male Female D.O.B. _____

Species (dog, cat, etc.) _____ Breed: _____

Description (colors, markings, features): _____

Behavior and habits: _____

Does the animal bite/get agitated or frightened easily: Yes No

Spayed/Neutered: Yes No City/County: _____

License#: _____

ID Microchip: Yes No Company and Phone#: _____

Veterinarian's Name: _____ Clinic Name: _____

Address: _____

Office#: _____ Emergency#: _____

Email: _____

Medical Conditions: _____

Medications: _____

Special care or dietary instructions: _____

Emergency Contacts

Emergency Contact

Name: _____
Address: _____
Home #: _____ Cell #: _____ Work #: _____
Relationship: _____

Emergency Contact

Name: _____
Address: _____
Home #: _____ Cell #: _____ Work #: _____
Relationship: _____

Emergency Contact

Name: _____
Address: _____
Home #: _____ Cell #: _____ Work #: _____
Relationship: _____

Emergency Contact

Name: _____
Address: _____
Home #: _____ Cell #: _____ Work #: _____
Relationship: _____

Emergency Contact

Name: _____
Address: _____
Home #: _____ Cell #: _____ Work #: _____
Relationship: _____



**Contacts
and
Phone #s**

Doctors

Primary Care Physician : _____

Address: _____

Phone#: _____

OB/GYN: _____

Address: _____

Phone#: _____

Pediatrician: _____

Address: _____

Phone#: _____

Eye Doctor: _____

Address: _____

Phone#: _____

Dentist: _____

Address: _____

Phone#: _____

Orthodontist: _____

Address: _____

Phone#: _____

Other: _____

Address: _____

Phone#: _____

Hospitals and Clinics

Nearest Emergency Room: -----

Address: -----

Phone #: -----

Hospital 1 : -----

Address: -----

Phone #: -----

Hospital 2: -----

Address: -----

Phone #: -----

Urgent Care: -----

Address: -----

Phone #: -----

Children's Urgent Care: -----

Address: -----

Phone #: -----

Walk-In Clinic: -----

Address: -----

Phone #: -----

Pharmacy: -----

Address: -----

Phone #: -----

Contact List - Family

Name: _____
Address: _____
Home #: _____ Cell #: _____ Work #: _____
E-mail: _____
Children: _____

Name: _____
Address: _____
Home #: _____ Cell #: _____ Work #: _____
E-mail: _____
Children: _____

Name: _____
Address: _____
Home #: _____ Cell #: _____ Work #: _____
E-mail: _____
Children: _____

Name: _____
Address: _____
Home #: _____ Cell #: _____ Work #: _____
E-mail: _____
Children: _____

Name: _____
Address: _____
Home #: _____ Cell #: _____ Work #: _____
E-mail: _____
Children: _____

Contact List - Friends

Name: _____
Address: _____
Home #: _____ Cell #: _____ Work #: _____
E-mail: _____
Children: _____

Name: _____
Address: _____
Home #: _____ Cell #: _____ Work #: _____
E-mail: _____
Children: _____

Name: _____
Address: _____
Home #: _____ Cell #: _____ Work #: _____
E-mail: _____
Children: _____

Name: _____
Address: _____
Home #: _____ Cell #: _____ Work #: _____
E-mail: _____
Children: _____

Name: _____
Address: _____
Home #: _____ Cell #: _____ Work #: _____
E-mail: _____
Children: _____

Contact List - Professional

Name: _____
Company: _____
Work #: _____ Fax #: _____ Cell #: _____
E-mail: _____
Website: _____

Name: _____
Company: _____
Work #: _____ Fax #: _____ Cell #: _____
E-mail: _____
Website: _____

Name: _____
Company: _____
Work #: _____ Fax #: _____ Cell #: _____
E-mail: _____
Website: _____

Name: _____
Company: _____
Work #: _____ Fax #: _____ Cell #: _____
E-mail: _____
Website: _____

Name: _____
Company: _____
Work #: _____ Fax #: _____ Cell #: _____
E-mail: _____
Website: _____



Schedules and Calendars

Daily Routine

Morning

Afternoon

Evening

Daily Schedule _ _ _ _ _

Morning

Afternoon

Evening

Weekly Schedule

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Monthly Schedule: _____

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Important Dates Calendar

January

July

February

August

March

September

April

October

May

November

June

December



Meal Plans and Shopping



Cleaning and Laundry

Laundry Schedule

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Cleaning Schedule

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Master Cleaning List

Kitchen

- _ Clean counters/sink
- _ Wipe down fridge/microwave/dishwasher
- _ Clean stove and vent hood
- _ Wipe down light fixtures
- _ Dust blinds and windowsill
- _ Vacuum floors and baseboards
- _ Mop floor

Entryway

- _ Dust pictures
- _ Wipe down door handles and door frame
- _ Vacuum floor and baseboards
- _ Mop floor and wipe down baseboards
- _ Wipe down shelves

Laundry Room

- _ Wipe down door handles and door frame
- _ Vacuum floor and baseboards
- _ Wipe down front/top of washer/dryer
- _ Mop floor and wipe down baseboards
- _ Throw away trash

Stairs and Hallway

- _ Dust pictures
- _ Wipe down banisters and baseboards
- _ Vacuum stairs and hallway
- _ Wipe down door handles and door frame

Dining Room

- _ Dust pictures and furniture
- _ Dust blinds and windowsill
- _ Wipe down tables
- _ Vacuum floor and baseboards
- _ Mop floor

Bathrooms

- _ Clean toilet, shower/tub, sink and vanity
- _ Clean mirror
- _ Vacuum and mop floor
- _ Wipe down baseboards
- _ Dust pictures/decorative items
- _ Throw away trash
- _ Change handtowels and refill soap

Bedrooms

- _ Dust blinds and windowsills
- _ Dust pictures/decorative items/furniture
- _ Vacuum floor and baseboards
- _ Wipe down door handles and door frame
- _ Throw away trash

Office

- _ Dust pictures and shelves
- _ Wipe down desk
- _ Wipe down door handles and door frame
- _ Vacuum floor and baseboards
- _ Throw away trash and recycling

Livingroom

- _ Dust pictures/furniture/blinds/windowsills
- _ Wipe down table and mantle
- _ Vacuum floor and baseboards
- _ Vacuum rug
- _ Vacuum sofa
- _ Mop floor

Other

- _ Wipe down front door and back door
- _ Sweep front porch
- _ Sweep patio/deck



School Information

School Information

Child: _____ Grade: _____

School Name: _____

Address: _____

Teacher Name: _____ Email: _____

Teacher Name: _____ Email: _____

Principal Name: _____ Email: _____

Counselor Name: _____ Email: _____

School Main #: _____ Teacher Direct #: _____

School Starts: _____ Regular Dismissal: _____ Early Dismissal: _____

Other Important Information: _____

Child: _____ Grade: _____

School Name: _____

Address: _____

Teacher Name: _____ Email: _____

Teacher Name: _____ Email: _____

Principal Name: _____ Email: _____

Counselor Name: _____ Email: _____

School Main #: _____ Teacher Direct #: _____

School Starts: _____ Regular Dismissal: _____ Early Dismissal: _____

Other Important Information: _____

School Information

Child: _____ Grade: _____

School Name: _____

School Main#: _____ School Fax #: _____

Teacher 1 Name: _____

Teacher 1 Phone#: _____ Email: _____

Teacher 2 Name: _____

Teacher 2 Phone#: _____ Email: _____

Teacher 3 Name: _____

Teacher 3 Phone#: _____ Email: _____

Principal Name: _____ Phone#: _____

Principal Email: _____

Assist. Principal Name: _____ Phone#: _____

Assist. Principal Email: _____

Counselor Name: _____ Phone#: _____

Counselor Email: _____

Nurse Name: _____ Phone#: _____

Nurse Email: _____

Teacher Information

Child: _____ Grade: _____

Teacher Information:

Teacher Name: _____

Subject: _____ Room#: _____

Teacher Phone#: _____

Email: _____

Other Contract Info: _____

More About My Teacher:

Birthday: _____

Favorite Color: _____

Favorite Snack: _____

Favorite Restaurant: _____

Favorite Store: _____

Hobbies: _____

Family: _____

Other things about teacher: _____

Supplies we always need in class: _____

For the Babysitter

INSTRUCTIONS:

Food:

Bed Time/Routine:

Do/Don't

Allergies/Medicines:

DETAILS:

Where we will be:

When we will be home:

You can reach us at:

Mom cell: -----

Dad cell: -----

Other: -----

NOTES:

Answer the phone? -----

Answer the door? -----

EMERGENCY INFORMATION:

Our Address: -----

Subdivision: -----

EMERGENCY: 911

Hospital: -----

Pediatrician: -----

Poison Control: -----