2016 Hausehold Manner www.simplystacie.net

Password Tracker

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MONDAY					
TUESDAY					
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THURSDAY					
FRIDAY					
SATURDAY					
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De-Clutter List

KITCHEN	LIVING ROOM	DINING ROOM/OFFICE
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BEDROOM	BATHROOM	CLOSET
GARAGE	OTHER • • • • • • •	OTHER • • • • • • • • • • • • •

Cleaning Planner

DAILY	WEEKLY	MONTHLY
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Cleaning Planner

KITCHEN	LIVING ROOM	DINING ROOM/OFFICE
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Family Medical Tracker

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octor's name:
octor's phone #:
appointment date/time:
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amily Member:
octor's name:
octor's phone #:
appointment date/time:
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amily Member:
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amily Member:
octor's name:
octor's phone #:
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4-1-1 For Emergency

PERSONAL INFORMATION
NAME:
ADDRESS:
PHONE #:
EMAIL:
SPECIAL NOTE:
IN CASE OF AN EMERGENCY CALL 9-1-1
POLICE DEPARTMENT:
FIRE DEPARTMENT:
SECURITY COMPANY:
DOCTOR NAME:
POISON CONTROL:
_
ENTEROENICY CONTACT:
EMERGENCY CONTACT:
ADDRESS:
PHONE #:
relationship:
EMERGENCY CONTACT:
ADDRESS:
PHONE #:
relationship:
Insurance:
INSURANCE:
PHARMACY:
MEDICATION:
MEDICATION:
MEDICATION:
ALLERGIES:

Important Contacts

NAME: ADDRESS: PHONE #: EMAIL: OTHER: NAME: ADDRESS: PHONE #: EMAIL: OTHER:
PHONE #: EMAIL: OTHER: NAME: ADDRESS: PHONE #: EMAIL: OTHER:
EMAIL: OTHER: NAME: ADDRESS: PHONE #: EMAIL: OTHER:
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Company Information

NAME:			
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Medication Tracker

MEDICATION	DOSAGE	FREQUENCY	NOTE
	www.simply	itacia hat	

Baby Sitter Information

PERSONAL INFORMATION							
NAME:	NAME:						
ADDRESS:							
PHONE #:							
EMAIL:							
SPECIAL NOTE:_							
		AN EMERGENC					
POLICE DEDART							
FIRE DEPARTME	NIT.						
SECURITY COME	PANY [,]						
POISON CONTR							
address :							
PHONE #:							
relationship:_							
EMERGENCY C	ONTACT:						
ADDRESS:	<u></u>						
PHONE #:							
RELATIONSHIP:_							
CHILD	MEAL	ROUTINE	BEDTIME	NOTE			

School Information

PERSONAL INFORMATION NAME:										
ADDRESS:										
PHONE #:EMAIL:										
ASST. PRINCIPAI TEACHER:	L:									
CLASS ROOM:										
CLASS MATE:										
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY						

Notes

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