

The background of the entire page is a repeating geometric pattern of interlocking squares in two shades of pink/red. The pattern is centered around a white banner with a black border.

# 2016 Household Planner

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# Chore Chart

SUNDAY						
MONDAY						
TUESDAY						
WEDNES						
THURSDAY						
FRIDAY						
SATURDAY						







# Family Medical Tracker

Family Member: \_\_\_\_\_  
Doctor's name: \_\_\_\_\_  
Doctor's phone #: \_\_\_\_\_  
Appointment date/time: \_\_\_\_\_  
Reason for appointment: \_\_\_\_\_

Family Member: \_\_\_\_\_  
Doctor's name: \_\_\_\_\_  
Doctor's phone #: \_\_\_\_\_  
Appointment date/time: \_\_\_\_\_  
Reason for appointment: \_\_\_\_\_

Family Member: \_\_\_\_\_  
Doctor's name: \_\_\_\_\_  
Doctor's phone #: \_\_\_\_\_  
Appointment date/time: \_\_\_\_\_  
Reason for appointment: \_\_\_\_\_

Family Member: \_\_\_\_\_  
Doctor's name: \_\_\_\_\_  
Doctor's phone #: \_\_\_\_\_  
Appointment date/time: \_\_\_\_\_  
Reason for appointment: \_\_\_\_\_

Family Member: \_\_\_\_\_  
Doctor's name: \_\_\_\_\_  
Doctor's phone #: \_\_\_\_\_  
Appointment date/time: \_\_\_\_\_  
Reason for appointment: \_\_\_\_\_

# 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: \_\_\_\_\_

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: \_\_\_\_\_

NAME: \_\_\_\_\_  
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EMAIL: \_\_\_\_\_  
OTHER: \_\_\_\_\_

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EMAIL: \_\_\_\_\_  
OTHER: \_\_\_\_\_

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ADDRESS: \_\_\_\_\_  
PHONE #: \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
OTHER: \_\_\_\_\_

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE #: \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
OTHER: \_\_\_\_\_

# Company Information

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE #: \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
OTHER: \_\_\_\_\_

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE #: \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
OTHER: \_\_\_\_\_

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ADDRESS: \_\_\_\_\_  
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ADDRESS: \_\_\_\_\_  
PHONE #: \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
OTHER: \_\_\_\_\_

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE #: \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
OTHER: \_\_\_\_\_



# Baby Sitter Information

## 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: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_  
ADDRESS : \_\_\_\_\_  
PHONE #: \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_  
ADDRESS : \_\_\_\_\_  
PHONE #: \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_

CHILD	MEAL	ROUTINE	BEDTIME	NOTE

# School Information

## PERSONAL INFORMATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PRINCIPAL: \_\_\_\_\_

ASST. PRINCIPAL: \_\_\_\_\_

TEACHER: \_\_\_\_\_

SCHOOL TIME: \_\_\_\_\_

CLASS ROOM: \_\_\_\_\_

BUS # /TIMES AM/PM: \_\_\_\_\_

LOCATION: \_\_\_\_\_

LOCKER/ COMBO: \_\_\_\_\_

CLASS MATE: \_\_\_\_\_

PHONE #: \_\_\_\_\_

CLASS MATE: \_\_\_\_\_

PHONE #: \_\_\_\_\_

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

