

My

2013

**FAMILY
PLANNER**

JANUARY

FEBRUARY

MARCH

APRIL

MAY

JUNE

JULY

AUGUST

SEPTEMBER

OCTOBER

NOVEMBER

DECEMBER

2013 FAMILY PLANNER

JANUARY

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

FEBRUARY

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

MARCH

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

APRIL

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

MAY

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

JUNE

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

JULY

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

AUGUST

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

SEPTEMBER

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

OCTOBER

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

NOVEMBER

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

DECEMBER

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

JANUARY

2013

IMPORTANT THIS MONTH

_____	_____
_____	_____
_____	_____

SUNDAY	MONDAY	TUESDAY	WEDNESDAY

FEBRUARY

2013

IMPORTANT THIS MONTH

SUNDAY	MONDAY	TUESDAY	WEDNESDAY

MARCH

2013

IMPORTANT THIS MONTH

_____	_____
_____	_____
_____	_____

SUNDAY	MONDAY	TUESDAY	WEDNESDAY

APRIL

2013

IMPORTANT THIS MONTH

_____	_____
_____	_____
_____	_____

SUNDAY	MONDAY	TUESDAY	WEDNESDAY

MAY

2013

IMPORTANT THIS MONTH

_____	_____
_____	_____
_____	_____

SUNDAY	MONDAY	TUESDAY	WEDNESDAY

JUNE

2013

IMPORTANT THIS MONTH

SUNDAY	MONDAY	TUESDAY	WEDNESDAY

JULY

2013

IMPORTANT THIS MONTH

_____	_____
_____	_____
_____	_____

SUNDAY	MONDAY	TUESDAY	WEDNESDAY

AUGUST

2013

IMPORTANT THIS MONTH

_____	_____
_____	_____
_____	_____

SUNDAY	MONDAY	TUESDAY	WEDNESDAY

SEPTEMBER

2013

IMPORTANT THIS MONTH

_____	_____
_____	_____
_____	_____

SUNDAY	MONDAY	TUESDAY	WEDNESDAY

OCTOBER

2013

IMPORTANT THIS MONTH

_____	_____
_____	_____
_____	_____

SUNDAY	MONDAY	TUESDAY	WEDNESDAY

NOVEMBER

2013

IMPORTANT THIS MONTH

_____	_____
_____	_____
_____	_____

SUNDAY	MONDAY	TUESDAY	WEDNESDAY

DECEMBER

2013

IMPORTANT THIS MONTH

_____	_____
_____	_____
_____	_____

SUNDAY	MONDAY	TUESDAY	WEDNESDAY

THE WEEK OF _____ - _____ MONTH _____

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY/SUNDAY

IMPORTANT THIS WEEK

WEEKLY REMINDERS

THE WEEK OF _____

SUNDAY

- _____
- _____
- _____
- _____

MONDAY

- _____
- _____
- _____
- _____

TUESDAY

- _____
- _____
- _____
- _____

WEDNESDAY

- _____
- _____
- _____
- _____

THURSDAY

- _____
- _____
- _____
- _____

FRIDAY

- _____
- _____
- _____

SATURDAY

- _____
- _____

MORNING TO DO

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

AFTERNOON TO DO

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

EVENING TO DO

- _____
- _____
- _____
- _____

CONTACT LIST: FAMILY

Name:	Home #:
	Work #:
Address:	Cell # _____:
	Cell # _____:
	Email:
Children:	

Name:	Home #:
	Work #:
Address:	Cell # _____:
	Cell # _____:
	Email:
Children:	

Name:	Home #:
	Work #:
Address:	Cell # _____:
	Cell # _____:
	Email:
Children:	

Name:	Home #:
	Work #:
Address:	Cell # _____:
	Cell # _____:
	Email:
Children:	

Name:	Home #:
	Work #:
Address:	Cell _____:
	Cell _____:
	Email:
Children:	

CONTACT LIST: FRIENDS

Name:	Home #:
	Work #:
Address:	Cell # _____:
	Cell # _____:
	Email:
Children:	

Name:	Home #:
	Work #:
Address:	Cell # _____:
	Cell # _____:
	Email:
Children:	

Name:	Home #:
	Work #:
Address:	Cell # _____:
	Cell # _____:
	Email:
Children:	

Name:	Home #:
	Work #:
Address:	Cell # _____:
	Cell # _____:
	Email:
Children:	

Name:	Home #:
	Work #:
Address:	Cell _____:
	Cell _____:
	Email:
Children:	

CONTACT LIST: NEIGHBORS

Name:	Home #:
	Work #:
Address:	Cell # _____:
	Cell # _____:
	Email:
Children:	

Name:	Home #:
	Work #:
Address:	Cell # _____:
	Cell # _____:
	Email:
Children:	

Name:	Home #:
	Work #:
Address:	Cell # _____:
	Cell # _____:
	Email:
Children:	

Name:	Home #:
	Work #:
Address:	Cell # _____:
	Cell # _____:
	Email:
Children:	

Name:	Home #:
	Work #:
Address:	Cell _____:
	Cell _____:
	Email:
Children:	

CONTACT LIST: MEDICAL

emergency contact:

phone:

cell phone:

_____	_____	_____
_____	_____	_____
_____	_____	_____

health insurance:

Policy #

Group #

dental insurance:

Policy #

Group #

vision insurance:

Policy #

Group #

doctor:

name:

phone number:

Primary Care Physician #1:

Primary Care Physician #2:

OB/GYN:

Pediatrician:

Dentist:

Optometrist:

Orthodontist:

hospital/urgent care:

address:

Hospital:

phone:

hours:

After Hours Clinic:

Address:

CLEANING SCHEDULE

DAILY CLEANING

- make beds
- pick up bedrooms
- wipe bathroom(s)
- clean bathroom mirrors
- wash load of laundry
- sort and fold clean laundry
- put away folded laundry
- prep for dinner
- vaccuum living room and hallway
- wipe kitchen counters
- sweep kitchen
- quick pick up
- load/unload diswasher
- prep for tomorrows dinner

WEEKLY CLEANING

MONDAY

KITCHEN

- sink, appliance
- wipe-down, mop,
- declutter counters

TUESDAY

BEDROOMS

- vaccuum, pick up
- EVERYTHING on the floor, dust sheves, wash sheets

WEDNESDAY

DE - CLUTTER

- toys, papers, mail,
- coffee tables, etc.

THURSDAY

PROJECTS

- seasonal & monthly chores; yard work; home improvement; errands

FRIDAY

BATHROOM

- toilet, tub, sink,
- garbage, floor,
- mirror, vanity

SATURDAY

WEEKLY PREP

- cooking meals in advance; laundry & bedding; homework; etc.

WE NEED TO PICK UP

My GOALS

FOR THE MONTH OF _____

ENCOURAGEMENT

_____	_____
_____	_____
_____	_____

REWARDS

_____	_____
_____	_____
_____	_____

GOAL #1

GOAL #2

GOAL #3

GOAL #4

GOAL #5

GOAL #6

