



# KIDS

# Daily Checklist



## Before School

	S	M	T	W	Th	F	S
Brush Teeth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Put Pajamas Away	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Make Bed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breakfast Dishes in Sink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pack Snack & Water Bottle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## After School

	S	M	T	W	Th	F	S
Unpack Backpack & Put Away	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Put Away Lunch & Water Bottle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wash Hands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do Homework + Read for 20 Min	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Play Outside for 30 Min	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Before Bed

	S	M	T	W	Th	F	S
Brush Teeth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Put Pajamas On	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Put Dirty Clothes in Hamper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tidy Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pick Out Clothes for Tomorrow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# Budget Planner

Date:

Starting Balance:

List Item

Budget

Actual



\_\_\_\_\_

\_\_\_\_\_



\_\_\_\_\_

\_\_\_\_\_



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\_\_\_\_\_



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\_\_\_\_\_

Total:

# Weekly Meal Plan

## M O N D A Y

Breakfast	Lunch	Dinner	Snacks
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## T U E S D A Y

Breakfast	Lunch	Dinner	Snacks
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## W E D N E S D A Y

Breakfast	Lunch	Dinner	Snacks
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## T H U R S A Y

Breakfast	Lunch	Dinner	Snacks
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## F R I D A Y

Breakfast	Lunch	Dinner	Snacks
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## S A T U R D A Y

Breakfast	Lunch	Dinner	Snacks
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## S U N D A Y

Breakfast	Lunch	Dinner	Snacks
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# Grocery List

Breakfast Foods

Snacks

Meat / Deli

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Fruits & Vegetables

Baking Stuff

Pet Stuff

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Canned Goods

Condiments

Others

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# Daily Planner

M T W T F S S

DATE: \_\_\_\_\_

6:00 .....  
7:00 .....  
8:00 .....  
9:00 .....  
10:00 .....  
11:00 .....  
12:00 .....  
13:00 .....  
14:00 .....  
15:00 .....  
16:00 .....  
17:00 .....  
18:00 .....  
19:00 .....  
20:00 .....  
21:00 .....  
22:00 .....

## TO DO LIST:

## NOTES