

The background of the entire page is a repeating geometric pattern of interlocking squares in shades of pink and red, creating a houndstooth-like effect.

2018 Household Planner

www.simplystacie.net

Chore Chart

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

De-Clutter List

KITCHEN

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

LIVING ROOM

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

DINING ROOM/OFFICE

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

BEDROOM

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

BATHROOM

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

CLOSET

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

GARAGE

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

OTHER

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

OTHER

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

Cleaning Planner

DAILY

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

WEEKLY

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

MONTHLY

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

QUARTERLY

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

TWICE A YEAR

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

QUARTERLY

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

YEARLY

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

SPECIAL CLEANING

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

OTHER

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

Cleaning Planner

KITCHEN

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

LIVING ROOM

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

DINING ROOM/OFFICE

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

BEDROOM

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

BATHROOM

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

CLOSET

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

GARAGE

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

OTHER

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

OTHER

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

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: _____

9-1-1 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: _____
ADDRESS: _____
PHONE #: _____
EMAIL: _____
OTHER: _____

NAME: _____
ADDRESS: _____
PHONE #: _____
EMAIL: _____
OTHER: _____

NAME: _____
ADDRESS: _____
PHONE #: _____
EMAIL: _____
OTHER: _____

NAME: _____
ADDRESS: _____
PHONE #: _____
EMAIL: _____
OTHER: _____

Company Information

NAME: _____
ADDRESS: _____
PHONE #: _____
EMAIL: _____
OTHER: _____

NAME: _____
ADDRESS: _____
PHONE #: _____
EMAIL: _____
OTHER: _____

NAME: _____
ADDRESS: _____
PHONE #: _____
EMAIL: _____
OTHER: _____

NAME: _____
ADDRESS: _____
PHONE #: _____
EMAIL: _____
OTHER: _____

NAME: _____
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

