



2016  
YEARLY PLANNER

[totallythebomb.com](http://totallythebomb.com)







APRIL 2016

NOTES

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

Notes section with horizontal lines for writing.

MAY 2016

NOTES

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Notes section with horizontal lines for writing.

JUNE 2016

NOTES

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

Notes section with horizontal lines for writing.

JULY 2016

NOTES

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

Notes section with horizontal lines for writing.













# WEEKLY TO DO LIST

## MONDAY

7 AM \_\_\_\_\_  
8 AM \_\_\_\_\_  
9 AM \_\_\_\_\_  
10 AM \_\_\_\_\_  
11 AM \_\_\_\_\_  
12 PM \_\_\_\_\_  
1 PM \_\_\_\_\_  
2 PM \_\_\_\_\_  
3 PM \_\_\_\_\_  
4 PM \_\_\_\_\_  
5 PM \_\_\_\_\_  
6 PM \_\_\_\_\_  
7 PM \_\_\_\_\_  
8 PM \_\_\_\_\_

## TUESDAY

7 AM \_\_\_\_\_  
8 AM \_\_\_\_\_  
9 AM \_\_\_\_\_  
10 AM \_\_\_\_\_  
11 AM \_\_\_\_\_  
12 PM \_\_\_\_\_  
1 PM \_\_\_\_\_  
2 PM \_\_\_\_\_  
3 PM \_\_\_\_\_  
4 PM \_\_\_\_\_  
5 PM \_\_\_\_\_  
6 PM \_\_\_\_\_  
7 PM \_\_\_\_\_  
8 PM \_\_\_\_\_

## WEDNESDAY

7 AM \_\_\_\_\_  
8 AM \_\_\_\_\_  
9 AM \_\_\_\_\_  
10 AM \_\_\_\_\_  
11 AM \_\_\_\_\_  
12 PM \_\_\_\_\_  
1 PM \_\_\_\_\_  
2 PM \_\_\_\_\_  
3 PM \_\_\_\_\_  
4 PM \_\_\_\_\_  
5 PM \_\_\_\_\_  
6 PM \_\_\_\_\_  
7 PM \_\_\_\_\_  
8 PM \_\_\_\_\_

## THURSDAY

7 AM \_\_\_\_\_  
8 AM \_\_\_\_\_  
9 AM \_\_\_\_\_  
10 AM \_\_\_\_\_  
11 AM \_\_\_\_\_  
12 PM \_\_\_\_\_  
1 PM \_\_\_\_\_  
2 PM \_\_\_\_\_  
3 PM \_\_\_\_\_  
4 PM \_\_\_\_\_  
5 PM \_\_\_\_\_  
6 PM \_\_\_\_\_  
7 PM \_\_\_\_\_  
8 PM \_\_\_\_\_

## FRIDAY

7 AM \_\_\_\_\_  
8 AM \_\_\_\_\_  
9 AM \_\_\_\_\_  
10 AM \_\_\_\_\_  
11 AM \_\_\_\_\_  
12 PM \_\_\_\_\_  
1 PM \_\_\_\_\_  
2 PM \_\_\_\_\_  
3 PM \_\_\_\_\_  
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8 PM \_\_\_\_\_

## SATURDAY

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## SUNDAY

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# FINANCIAL PLANNER

[totallythebomb.com](http://totallythebomb.com)













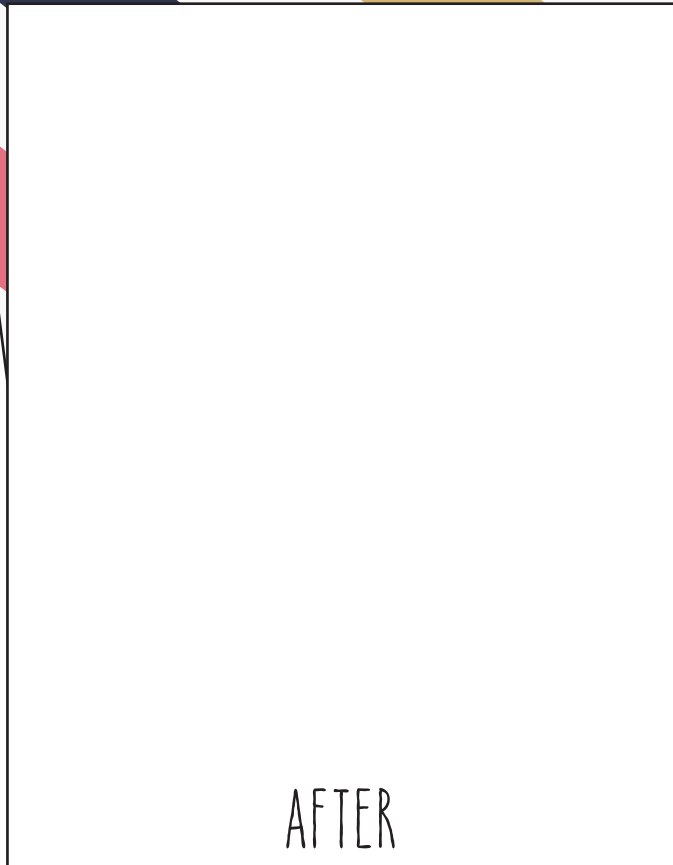




# FITNESS

[totallythebomb.com](http://totallythebomb.com)

# WORK OUT PLANNER - GOAL



AFTER



DURING



BEFORE

MY WEIGHT LOSS GOAL

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# WORK OUT PLANNER

SUNDAY

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MONDAY

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TUESDAY

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WEDNESDAY

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# WEEKLY FITNESS GUIDE

THURSDAY

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FRIDAY

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# WATER INTAKE

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F \_\_\_\_\_

S \_\_\_\_\_

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MONTH \_\_\_\_\_

# MONTHLY FOOD INTAKE CALENDAR

NOTES

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
CALORIES _____	CALORIES _____	CALORIES _____	CALORIES _____	CALORIES _____	CALORIES _____	CALORIES _____
CALORIES _____	CALORIES _____	CALORIES _____	CALORIES _____	CALORIES _____	CALORIES _____	CALORIES _____
CALORIES _____	CALORIES _____	CALORIES _____	CALORIES _____	CALORIES _____	CALORIES _____	CALORIES _____
CALORIES _____	CALORIES _____	CALORIES _____	CALORIES _____	CALORIES _____	CALORIES _____	CALORIES _____
CALORIES _____	CALORIES _____	CALORIES _____	CALORIES _____	CALORIES _____	CALORIES _____	CALORIES _____

Notes section with horizontal lines for writing.



# HOUSEHOLD PLANNER

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# CLEANING PLANNER

DAILY CLEANING


MONTHLY CLEANING


TWICE A YEAR CLEANING


OUTSIDE


WEEKLY CLEANING


QUARTERLY CLEANING


YEARLY CLEANING


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: \_\_\_\_\_

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: \_\_\_\_\_

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

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

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

INSURANCE: \_\_\_\_\_  
INSURANCE : \_\_\_\_\_  
ALLERGIES: \_\_\_\_\_

MEDICATION: \_\_\_\_\_  
MEDICATION: \_\_\_\_\_  
MEDICATION: \_\_\_\_\_  
PHARMACY: \_\_\_\_\_

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# IMPORTANT CONTACTS

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

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

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

# IMPORTANT COMPANY INFORMATION

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

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

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

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

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

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

CHILD	MEAL	ROUTINE	BEDTIME	NOTE

# SCHOOL INFORMATION

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

PRINCIPAL: \_\_\_\_\_  
ASST. PRINCIPAL: \_\_\_\_\_  
TEACHER: \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
SCHOOL TIME: \_\_\_\_\_

CLASS ROOM: \_\_\_\_\_  
BUS # /TIMES AM/PM: \_\_\_\_\_  
LOCATION: \_\_\_\_\_  
LOCKER/ COMBO: \_\_\_\_\_

CLASS MATE: \_\_\_\_\_  
PHONE #: \_\_\_\_\_  
CLASS MATE: \_\_\_\_\_  
PHONE #: \_\_\_\_\_

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY





# MEAL PLANNING

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# GROCERY SHOPPING LIST

# BUDGET FOR THIS TRIP

## DAIRY

## MEAT

## BAKING

## CLEANING

## COUPON LIST

## CAN GOODS

## CONDIMENTS

## PERSONAL

## PRODUCE

## FROZEN

## DRINKS

## PAPERS

