

The background of the entire image is a repeating chevron pattern in various colors including dark blue, light blue, magenta, green, orange, red, teal, dark purple, olive green, pink, light green, and purple. In the center, there is a rectangular box with a thin gold border. Inside this box, the text "HOUSEHOLD information BINDER" is written. "HOUSEHOLD" and "BINDER" are in a gold, uppercase, sans-serif font, while "information" is in a gold, lowercase, cursive font.


HOUSEHOLD
information
BINDER



HOUSEHOLD
information
BINDER



HOUSEHOLD
information
BINDER



HOUSEHOLD
information
BINDER

BABYSITTER NOTES

CONTACT INFO

MOM/DAD NAMES:

CELL PHONE #1:

CELL PHONE #2:

WE WILL BE AT:

PHONE#:

WE WILL BE BACK AROUND:

ABOUT THE KIDS

THE KIDS CAN EAT:

THE KIDS CAN'T EAT:

ADDITIONAL NOTES + TIPS:

BEDTIME:

EMERGENCY INFO

OUR ADDRESS:

HOME PHONE #:

DOCTOR NAME + PHONE#:

HOSPITAL:

EMERGENCY CONTACT NAME:

EMERGENCY CONTACT PHONE#:

EMERGENCY CONTACTS

ALL LIFE-THREATENING EMERGENCIES: 911

POLICE DEPARTMENT:

FIRE DEPARTMENT:

POISON CONTROL: 1-800-222-1222

HOSPITAL:

FAMILY DOCTOR:

PEDIATRICIAN:

DENTIST:

PHARMACY:

VETERINARIAN:

FRIEND/RELATIVE #1:

PHONE #

FRIEND/RELATIVE #2:

PHONE #:

FRIEND RELATIVE #3:

PHONE #:

NEIGHBOR #1:

PHONE #:

NEIGHBOR #2:

PHONE #:

NOTES:

INSURANCE INFO

HEALTH

PROVIDER NAME:

POLICY HOLDER:

POLICY HOLDER D.O.B.:

MEMBER#:

GROUP #:

PHONE#:

NOTES:

PROVIDER NAME:

POLICY HOLDER:

POLICY HOLDER D.O.B.:

MEMBER#:

GROUP #:

PHONE#:

NOTES:

HOME

PROVIDER NAME:

POLICY HOLDER:

POLICY HOLDER D.O.B.:

MEMBER#:

GROUP #:

PHONE#:

NOTES:

AUTO

PET INFO

PET NAME:

SPECIES/BREED:

BIRTHDAY:

GENDER:

WEIGHT:

SPAYED/NEUTERED: NO YES DATE:

ALLERGIES:

DIET INFO:

MICROCHIP#:

RABIES TAG:

RABIES EXPIRATION:

ADDITIONAL INFO:

VETERINARIAN:

ADDRESS:

PHONE#

NOTES:

PHOTO

SCHOOL INFO

STUDENT:

GRADE:

STUDENT ID:

SCHOOL NAME:

PHONE #:

ADDRESS:

WEBSITE:

HOMEROOM TEACHER:

DIRECT NUMBER/ EXT:

EMAIL ADDRESS:

URL:

USERNAME:

PASSWORD:

URL:

USERNAME:

PASSWORD:

NOTES:

UTILITIES LOG

COMPANY NAME:

ACCOUNT#:

DATE DUE:

CUSTOMER SERVICE#:

EMERGENCY #:

BILLING ADDRESS:

URL:

USERNAME:

PASSWORD:

NOTES:

COMPANY NAME:

ACCOUNT#:

DATE DUE:

CUSTOMER SERVICE#:

EMERGENCY #:

BILLING ADDRESS:

URL:

USERNAME:

PASSWORD:

NOTES:



HOUSEHOLD INFORMATION BINDER



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