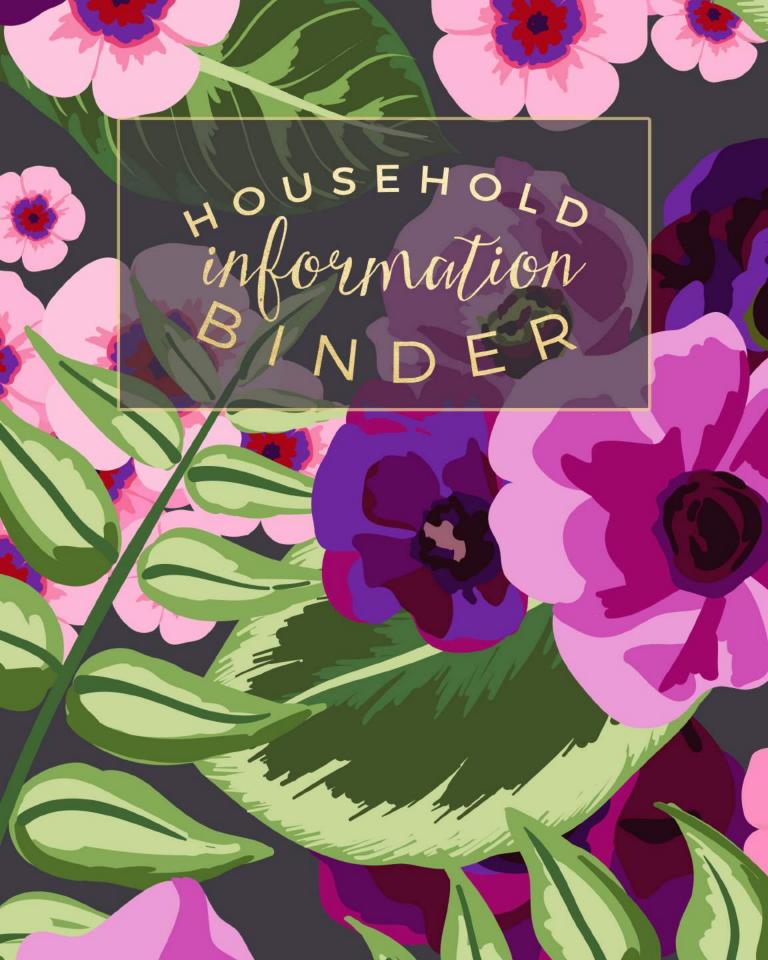
# information BINDER



# information BINDER

## information BINDER

#### AUTO MAINTENANCE LOG

VEHICLE MAKE		MODEL	LICENSE PLATE#	
DATE	MILEAGE	MAINTENANCE DESCRIPTION	PERFORMED BY	COST
				<u> </u>
VEHIC	LE MAKE	MODEL	LICENSE P	LATE#
DATE	MILEAGE	MAINTENANCE DESCRIPTION	PERFORMED BY	COST
				-

#### 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 CONACT PHONE#:

#### CONTACTS

NAME	ADDRESS	PHONE#
,		

#### GO-TO DINNER IDEAS

#### EMERGENCY CONTACTS

ALL LIFE-THREATENING	EMERGENCIES: 911
POLICE DEPARTMENT:	
FIRE DEPARTMENT:	
POISON CONTROL:	1 - 8 0 0 - 2 2 2 - 1 2 2 2
HOSPITAL:	
FAMILY DOCTOR:	
PEDIATRICIAN:	
DENTIST:	
PHARMACY:	
VETERINARIAN:	
Ferrance on Language was expected on the appear property and the control of the c	
FRIEND/RELATIVE #1:	
PHONE#	
FRIEND/RELATIVE #2:	
PHONE#:	
FRIEND RELATIVE #3:	
PHONE#:	
NEIGHBOR #1:	
PHONE#:	
NEIGHBOR #2:	
PHONE#:	
NOTES:	
14 0 1 2 3 .	

#### GO-TO FAMILY ACTIVITES

-
-
-
-

### FAMILY GOALS

GOAL	STEPS TO TAKE	FINISH DATE
-		
		-
9		
-		
-		
-		

#### GENERAL NOTES

-	

## HOME GOALS

GOAL	STEPS TO TAKE	FINISH DATE
<u></u>		
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-		

#### HOME MAINTENANCE LOG

DATE	ITEM	DESCRIPTION	PERFORMED BY	COST
			20	3
				-
			-	
			-	
			7	

#### HOME MAINTENANCE TO-DO LIST

ROOM	PROJECT	DESCRIPTION	EST. COST
			,

#### IMPORTANT DATES

MONTH	DAY	EVENT
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	-	
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<del>.</del>		
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3		
	-	

## INSURANCE INFO

EALTH	PROVIDER NAME:
	POLICY HOLDER:
	POLICY HOLDER D.O.B.:
	MEMBER#:
	GROUP #:
エ	PHONE#:
	NOTES:
O M E	PROVIDER NAME:
	POLICY HOLDER:
	POLICY HOLDER D.O.B.:
	MEMBER#:
	GROUP #:
I	PHONE#:
	NOTES:
AUTO	PROVIDER NAME:
	POLICY HOLDER:
	POLICY HOLDER D.O.B.:
	MEMBER#:
	GROUP #:
	PHONE#:
	NOTES:
	*

#### PET INFO

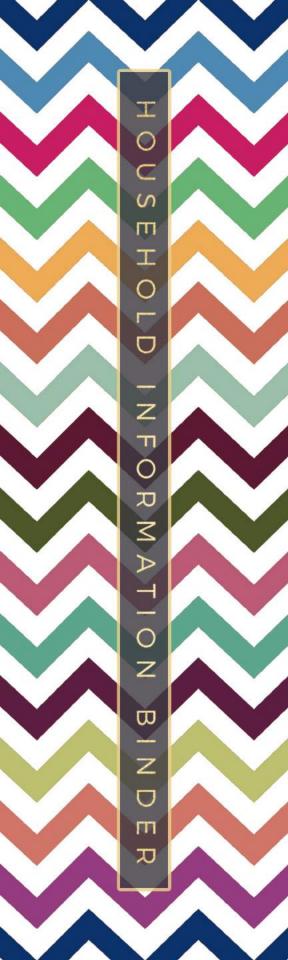
PET NAME:	
SPECIES/BREED:	
BIRTHDAY:	
GENDER:	
WEIGHT:	
SPAYED/NEUTERED: N	NO YES DATE:
ALLERGIES:	
DIET INFO:	
1	
MICROCHIP#:	
RABIES TAG:	
RABIES EXPIRATION:	
ADDITIONAL INFO:	
VETERINARIAN:	
ADDRESS:	
PHONE#	
NOTES:	
	DUOTO
	PHOTO

#### 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