

CLEAN MAMA'S
HOME BINDER

**KEEPING ALL YOUR
HOME INFO IN ONE SPOT**



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Quick Start Guide

You need a place to store your family information, here is your solution.

HERE'S WHAT YOU NEED TO DO:

- PRINT IT OUT**
First things first, print off what the pages that you need and apply to your home and family.
- CATEGORIES ARE KEY**
Make your categories.
- BINDER IT UP**
Get your binder ready - use plastic sleeves or hole punch your pages.
- FILL IT OUT**
Fill out pages that you need to and place them in your binder.
- MAKE IT EASY TO FIND**
Put the binder in a place where it's easily accessible and use it!

Daily life can be exhausting and overwhelming – take control of the things that you can control and let go of the rest.



Ready? Take a deep breath and get ready to organize.

NOTES: _____



Family Information

✧ PART 1 ✧

Instead of searching all over for that important info, take a couple minutes to jot it down and keep it in one place.

LOOKING FOR MORE TIPS & TRICKS? VISIT [CLEANMAMA.COM!](https://www.CLEANMAMA.COM)

FAMILY INFORMATION
Important Dates List

| JANUARY | FEBRUARY | MARCH |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| APRIL | MAY | JUNE |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| JULY | AUGUST | SEPTEMBER |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| OCTOBER | NOVEMBER | DECEMBER |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

FAMILY INFORMATION

Insurance

| NAME: | | | |
|-----------|---------|--------------|---------|
| INSURANCE | CONTACT | RENEWAL DATE | PREMIUM |
| | | | |
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| NAME: | | | |
|-----------|---------|--------------|---------|
| INSURANCE | CONTACT | RENEWAL DATE | PREMIUM |
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| NAME: | | | |
|-----------|---------|--------------|---------|
| INSURANCE | CONTACT | RENEWAL DATE | PREMIUM |
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| NAME: | | | |
|-----------|---------|--------------|---------|
| INSURANCE | CONTACT | RENEWAL DATE | PREMIUM |
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FAMILY INFORMATION



Important Contacts




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FAMILY INFORMATION

In-Case of an Emergency

| CALL THIS NUMBER FIRST | |
|---------------------------|--------------------------|
| This phone number is: | Directions: |
| | |
| This address is: | |
| | Cross streets: |
| | |
| EMERGENCY CONTACTS | FAMILY EMERGENCY PLAN |
| police: | meeting place: |
| fire: | |
| ambulance: | |
| poison control: | |
| family doctor: | or here: |
| pediatrician: | |
| dentist: | |
| my cell phone: | |
| spouse's cell phone: | emergency kit is here: |
| my work phone: | |
| spouse's work phone: | first aid kit is here: |
| emergency contact name: | |
| emergency contact phone: | emergency contact #1 is: |
| neighbor #1 name/address: | phone number: |
| neighbor #1 phone: | address: |
| neighbor #2 name/address: | |
| neighbor #2 phone: | emergency contact #2 is: |
| other contacts: | phone number: |
| | address: |
| | |
| | |

FAMILY INFORMATION

Childcare

| CHILDCARE FOR: | |
|------------------------|--|
| we can be reached at | |
| this address | |
| pediatrician | |
| pediatrician's address | |
| in case of emergency | |

| FOOD | | |
|-------|--------------------|-----------------|
| MEALS | SNACKS + BEVERAGES | FAVORITE TREATS |
| | | |
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| | | |
| | | |

| ALLERGIES & MEDICATION | | | |
|------------------------|-------------|-------------|-------|
| ALLERGIES | MEDICATIONS | SUPPLEMENTS | OTHER |
| | | | |
| | | | |
| | | | |
| | | | |

| NAPS & BEDTIME | |
|---------------------------|--|
| naps/rests | |
| bedtime at | |
| needs this to go to sleep | |
| or this | |

| NOTES |
|-------|
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FAMILY INFORMATION

School

| | | | |
|---------------------|------------------|--------------|--------------|
| CHILD: | | | |
| school | | | |
| address | | | |
| main phone number | | | |
| attendance line | | | |
| fax number | | | |
| website | | | |
| PRINCIPAL(S) | PHONE | EMAIL | OTHER |
| | | | |
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| TEACHERS | CLASSROOM | PHONE | EMAIL |
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| COACHES | ACTIVITY | PHONE | EMAIL |
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| COMMITTEES | CONTACT | PHONE | EMAIL |
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FAMILY INFORMATION

Medical

| NAME: | | | |
|-------|--------|-----------|------------|
| DATE | DOCTOR | DIAGNOSIS | MEDICATION |
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| NAME: | | | |
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| DATE | DOCTOR | DIAGNOSIS | MEDICATION |
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| NAME: | | | |
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| DATE | DOCTOR | DIAGNOSIS | MEDICATION |
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| NAME: | | | |
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| DATE | DOCTOR | DIAGNOSIS | MEDICATION |
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Projects & Home Maintenance


✧ PART 2 ✧



Keep track of your projects and home maintenance by keeping it all together. Need a paint color or the trying to remember when you had your car serviced? It's all here.




LOOKING FOR MORE TIPS & TRICKS? VISIT [CLEANMAMA.COM!](https://www.cleanmama.com)



PROJECTS & HOME MAINTENANCE




Service Professional Contacts




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Budget *and* Bills

✧ PART 3 ✧

Tracking your finances helps you know what's coming in and what's going out and it allows you to see your financial info in one place.

LOOKING FOR MORE TIPS & TRICKS? VISIT [CLEANMAMA.COM!](https://www.cleannmama.com)



Kids Chore Charts

✦ PART 4 ✦

Want to get the kids involved in taking care of the home? Here are some suggestions for what they CAN do and chore charts to help them see their progress.

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KIDS CHORE CHARTS

Chore Ideas *for* School-Aged Children

Here are some ideas for some responsibilities that your kids can take on. Start with a couple and add as your child(ren) are able to complete with help (preschool) and independently (school-aged).

| HOUSEHOLD | MORNING / EVENING | MEALTIME |
|---|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> wipe baseboards/cupboards <input type="checkbox"/> help sort laundry into whites and brights/darks <input type="checkbox"/> help start and switch laundry <input type="checkbox"/> help fold laundry <input type="checkbox"/> help put away clean clothes <input type="checkbox"/> clean windows with damp microfiber cloth <input type="checkbox"/> pick up toys and activities, put books in bookshelf <input type="checkbox"/> help unload groceries <input type="checkbox"/> water plants <input type="checkbox"/> take care of pets <input type="checkbox"/> gather garbage <input type="checkbox"/> take out garbage and recycling <input type="checkbox"/> get mail <input type="checkbox"/> dust surfaces <input type="checkbox"/> sweep floors <input type="checkbox"/> vacuum corners and edges a long baseboards <input type="checkbox"/> vacuum floors using a lightweight upright <input type="checkbox"/> clean clutter from bathroom counter <input type="checkbox"/> wipe bathroom counter with dampened microfiber cloth <input type="checkbox"/> wipe doorknobs and switch plates | <ul style="list-style-type: none"> <input type="checkbox"/> brush teeth <input type="checkbox"/> brush hair <input type="checkbox"/> wipe face with a warm, wet washcloth after eating <input type="checkbox"/> make bed – pull up comforter/duvet and flat sheet up and put pillow at the top <input type="checkbox"/> put dirty clothes and pajamas in clothes basket <input type="checkbox"/> get dressed in the morning and pajamas in the evening <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ | <ul style="list-style-type: none"> <input type="checkbox"/> simple mealtime prep help <input type="checkbox"/> pour beverages <input type="checkbox"/> set table with plates, glasses, napkins and appropriate silverware <input type="checkbox"/> bring dirty dishes to sink when done eating <input type="checkbox"/> put away leftovers <input type="checkbox"/> rinse dishes before loading in to dishwasher <input type="checkbox"/> load dishwasher (remove knives and shop utensils until age appropriate) <input type="checkbox"/> dry and put away dishes <input type="checkbox"/> wipe down table <input type="checkbox"/> sweep up crumbs using a small dustpan and broom or handheld vacuum <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ |

KIDS CHORE CHARTS

Chore Ideas *for* Preschool Children

Here are some ideas for some responsibilities that your kids can take on. Start with a couple and add as your child(ren) are able to complete with help (preschool) and independently (school-aged).

| HOUSEHOLD | MORNING / EVENING | MEALTIME |
|---|---|---|
| <ul style="list-style-type: none"> <input type="radio"/> wipe baseboards/cupboards with baby wipes <input type="radio"/> help fold laundry — match socks, fold dish cloths and hand towels <input type="radio"/> help sort laundry into whites and brights/darks <input type="radio"/> help put away clean clothes <input type="radio"/> clean windows with damp microfiber cloth <input type="radio"/> pick up toys, put books in bookshelf <input type="radio"/> help unload groceries <input type="radio"/> water plants <input type="radio"/> gather garbage <input type="radio"/> vacuum corners and edges along baseboards <input type="radio"/> wipe bathroom counter with dampened microfiber cloth <input type="radio"/> dust lower shelves and items <input type="radio"/> wipe door knobs and switch plates <input type="radio"/> _____ <input type="radio"/> _____ <input type="radio"/> _____ <input type="radio"/> _____ | <ul style="list-style-type: none"> <input type="radio"/> brush teeth <input type="radio"/> brush hair <input type="radio"/> wipe face with a warm, wet washcloth after eating <input type="radio"/> make bed – pull up comforter/duvet and flat sheet up and put pillow at the top <input type="radio"/> put dirty clothes and pajamas in clothes basket <input type="radio"/> get dressed in the morning and pajamas in the evening <input type="radio"/> _____ <input type="radio"/> _____ <input type="radio"/> _____ <input type="radio"/> _____ <input type="radio"/> _____ <input type="radio"/> _____ <input type="radio"/> _____ <input type="radio"/> _____ <input type="radio"/> _____ | <ul style="list-style-type: none"> <input type="radio"/> set table with plates, napkins and appropriate silverware <input type="radio"/> bring dirty dishes to sink when done eating <input type="radio"/> wipe down table <input type="radio"/> sweep up crumbs using a small dustpan and broom or handheld vacuum <input type="radio"/> _____ <input type="radio"/> _____ <input type="radio"/> _____ <input type="radio"/> _____ <input type="radio"/> _____ <input type="radio"/> _____ <input type="radio"/> _____ <input type="radio"/> _____ <input type="radio"/> _____ <input type="radio"/> _____ |

