



Daily To-Do List

Today's Date: _____

Today's Most Important Things	Inspiration · Motivation · Encouragement
What's For Dinner <small>notes, prep tasks, reminders, etc.</small>	How Will I Take Care of Myself Today?
Today's Docket	Work Details
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Dates to Remember



January

February

March

April

May

June

July

August

September

October

November

December



Emergency Contact

Primary Care Doctor _____

Phone _____ Phone _____

Health Ins. Plan _____ Pharmacy _____

Phone _____ Phone _____

Policy Number _____

Veterinarian _____

Phone _____

**Main
Emergency
Number:
911**

**Poison
Control:
800-222-1222**

Dentist _____ Pediatrician _____

Phone _____ Phone _____

Pediatric Dentist _____ Hospital _____

Phone _____ Phone _____



Cleaning Schedule

Master House Cleaning Checklist

Monday

Swish and Swipe
Bathrooms
Dust Whole House
Clean Microwave

Tuesday

Vacuum Whole House
Clean Fridge
Laundry

Wednesday

Organize a Drawer
Bathrooms
Vacuum Furniture

Thursday

Organize a Cabinet
Mop Floors
Laundry

Friday

Swish and Swipe
Bathrooms
Wipe Down Stairs
Sheets and Towels

Saturday

Meal Planning
Catch All Day

Sunday

DAILY

Make Beds
Clutter
Kitchen Counters
Clean sink
Dishes
Prep dinner (slow cooker, etc)

MONTHLY

Deep clean Bathrooms
Clean dryer vent
Wash and vacuum vehicle
Wash throw rugs

QUARTERLY

Deep clean living areas
Deep clean fridge and freezer
Deep clean vehicle
Deep clean bedrooms

SEMI-ANNUAL

Carpets
Wash windows inside and out
Organize garage
Wash curtains
Wash trim and baseboards
Wash walls
Wash or dust lights and ceiling fans
Deep clean dishwasher
Deep clean pantry - throw away expired items
Kitchen cabinets and drawers
Wash down porch area
Clean and organize closet
Wash comforters or quilts
Wash throw pillows

ANNUAL

Vacuum and wash all vents
Wax or oil furniture
Clean fireplace

NOTES



Home Maintenance

Date	Service	Cost
Contractor Name/Phone _____		
Notes _____		

Date	Service	Cost
Contractor Name/Phone _____		
Notes _____		

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Contractor Name/Phone _____		
Notes _____		

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Contractor Name/Phone _____		
Notes _____		

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Contractor Name/Phone _____		
Notes _____		



Sunday *Monday* *Tuesday* *Wednesday* *Thursday* *Friday* *Saturday*

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12	13	14	15	16	17	18
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Sunday

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