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A Book of
Baby's Days

Memories of my first five years

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We're Having a Baby

When Mom discovered she was expecting

Her thoughts and feelings

How she told Dad

His thoughts and feelings

The first people they shared the news with

Mom's due date

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All About Mommy

Photo of Mommy

Full birth name

Date of birth

Place of birth

Grew up in

Education

Special talents and interests

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Special Preparations

Classes and books

Special gifts and purchases

Planning my nursery

Photo of nursery

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Waiting on Baby

When they first heard my heartbeat

When Mom began to "show"

When Mom first felt me move

When I became really active

Designs by picture

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Special Preparations

Classes and books

Special gifts and purchases

Planning my nursery

Photo of nursery

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Our Family Tree

Mommy's Family

My Mommy

Grandmother

Grandfather

Great-Grandmother

Great-Grandmother

Great-Grandfather

Great-Grandfather

Mommy's Brothers

Mommy's Sisters

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Waiting on Baby

The first trimester

The second trimester

The third trimester

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My Baby Shower

Hosted by

Date

Time

Location

Guests

Gifts

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My Tiny Prints

My Handprints

My Footprints

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Immunizations

| | | Date | Reaction |
|------------------------|---|-------------|----------|
| Diphtheria | } | DTaP | _____ |
| Tetanus | | | _____ |
| Pertussis | | | _____ |
| | | | _____ |
| | | | _____ |
| Polio Vaccine | | IPV | _____ |
| | | | _____ |
| | | | _____ |
| Mumps | } | MMR | _____ |
| Measles | | | _____ |
| Rubella | | | _____ |
| | | | _____ |
| | | | _____ |
| Hemophilus | | Hb | _____ |
| | | | _____ |
| | | | _____ |
| | | Hepatitis B | _____ |
| | | | _____ |
| | | | _____ |
| Pneumococcal Conjugate | | PCV | _____ |
| | | | _____ |
| | | | _____ |
| Varicella | | Chicken Pox | _____ |
| | | | _____ |
| | | | _____ |
| | | Other | _____ |
| | | | _____ |

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3rd Month

Date

Height

Weight

Sleeping patterns

Eating habits

Discoveries and accomplishments

Highlights

4th Month

Date

Height

Weight

Sleeping patterns

Eating habits

Discoveries and accomplishments

Highlights

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Growth Chart

Five years

Height

Weight

Four Years

Height

Weight

Three Years

Height

Weight

Two Years

Height

Weight

18 Months

Height

Weight

One Year

Height

Weight

9 Months

Height

Weight

6 Months

Height

Weight

3 Months

Height

Weight

1 Month

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Height

Weight

Birth

Height

Weight

My First Teeth

My first teeth appeared at age

My dentist's name

My first office visit



Dates Teeth First Appeared

| Upper | Dates Teeth First Appeared | | Lower | |
|-----------------|----------------------------|-------|-----------------|-------|
| | Left | Right | Left | Right |
| Central Incisor | _____ | _____ | Central Incisor | _____ |
| Lateral Incisor | _____ | _____ | Lateral Incisor | _____ |
| Cuspid | _____ | _____ | Cuspid | _____ |
| First Molar | _____ | _____ | First Molar | _____ |
| Second Molar | _____ | _____ | Second Molar | _____ |

Dental Checkups

| Date | Treatment | Age | Date | Treatment | Age |
|------|-----------|-----|------|-----------|-----|
|------|-----------|-----|------|-----------|-----|

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My First Day of School

First school attended

Date

My teacher's name

Best friends

Accomplishments

Favorite memories

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