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| All About Mommy               |
|-------------------------------|
| Full birth name               |
| Date of birth                 |
| Place of birth                |
| Grew up in                    |
| Education                     |
| Special talents and interests |
|                               |
| G                             |
|                               |

| All About Daddy               |
|-------------------------------|
| Full birth name               |
| Date of birth                 |
| Place of birth                |
| Grew up in                    |
| Education                     |
| Special talents and interests |
|                               |
|                               |

| Our Fam<br>Mommy's S | Family            |
|----------------------|-------------------|
| Му Моми              | uj                |
| Grandmothen          | Grandfather       |
| Great-Grandmother    | Great-Grandmother |
| Great-Grandfather    | Great-Grandfather |
| Mommy's Brothers     | Mommy's Sistens   |
|                      |                   |

| Our Family Tr<br>Daddy's Family | ee              |
|---------------------------------|-----------------|
| My Daddy                        | $\sim$          |
|                                 |                 |
| Grandmother                     | Grandfather     |
| Great-Grandmother Gr            | eat-Grandmother |
| Great-Grandfather Gr            | eat-Grandfather |
| Daddy's Brothens D              | addy's Sisters  |
|                                 |                 |

### 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

| $\bigcap$ | Ready for | Rala   |
|-----------|-----------|--------|
| Getting   | Keady for | l Daby |
| 0         | 50        | 0      |

Classes and books

Special gifts and punchases

Planning my nursery

Photo of my nursery

#### Filled with Anticipation

When they first heard my heartbeat

When Mom began to "show"

When Mom first felt me move

When I became really active

Sonogram picture

| Baby's Beginning     |
|----------------------|
| The first trimester  |
|                      |
|                      |
| G                    |
| The second trimester |
|                      |
|                      |
|                      |
| The third trimester  |
| G                    |
|                      |
|                      |
|                      |

| My Baby Shower |
|----------------|
| Hosted By      |
| Date Time      |
| Location       |
| Guests         |
|                |
|                |
| G              |
|                |



| My Baby Shower |
|----------------|
| Hosted By      |
| Date Time      |
| Location       |
| Guests         |
|                |
|                |
| G              |
|                |



| My Baby Shower |
|----------------|
| Hosted By      |
| Date Time      |
| Location       |
| Guests         |
|                |
|                |
| G              |
|                |



| My Baby Shower |
|----------------|
| Hosted By      |
| Date Time      |
| Location       |
| Guests         |
|                |
|                |
| G              |
|                |



|                       | My        | Arrival                 | 0 |
|-----------------------|-----------|-------------------------|---|
| My full name          |           |                         |   |
| Date of birth         | Time      | Weight Length           |   |
| Hair color            | Eye color | Distinguishing Features |   |
| Place of birth        |           | A                       |   |
| Delivered by          | S.        |                         |   |
| Loved ones who were p | onesent   |                         |   |
| Memorable moments     |           |                         |   |
|                       |           |                         |   |

| My First Photo               |
|------------------------------|
| Who people think I look like |
| My distinct characteristics  |
| Pkoto                        |







|                            | Welcome Home |
|----------------------------|--------------|
| My first day home          |              |
|                            |              |
| What I wore                |              |
| Who was there to welcome r | .e.          |
| My new address             | No.          |
|                            | Photo        |

# My First Days at Home

The first night

Other memorable moments

Photo



## My Spiritual Beginnings

## My Spiritual Beginnings

| Watch Me Grow          |
|------------------------|
| My pediatrician        |
| My blood type          |
| My first office visit  |
| CVisits:               |
| Date Purpose Treatment |
|                        |
|                        |
|                        |
|                        |

|                                    | ]             | .mmuniza | ations   |
|------------------------------------|---------------|----------|----------|
|                                    |               | Date     | Reaction |
| Diphthenia<br>Tetanus<br>Pentussis | DTaP:         |          |          |
| Polio Vaccine                      | JPCV:         |          |          |
| Measles<br>Mumps<br>Rubella        | MMR:          | 10       |          |
| 4aemophilus                        | 4JB:          |          |          |
|                                    | ¢lepatitis B: |          |          |
| Pneumococcal Conjun                | gate PCV7:    |          |          |
| Varicella (C                       | Chicken Pox): |          |          |
|                                    | Other:        |          |          |

| 4                               | 7    | B      |          |
|---------------------------------|------|--------|----------|
| 1st Month                       | Date | deight | Weight   |
| Sleeping patterns               |      |        | <u>6</u> |
| Eating habits                   |      | 0      |          |
| Discoveries and accomplishments |      | S      |          |
| ¢lighlights                     | 0    |        |          |
| 2nd Month                       | Date | deight | Weight   |
| Sleeping patterns               |      |        |          |
| Eating habits                   |      |        |          |
| Discoveries and accomplishments |      |        |          |
|                                 |      |        |          |

|                                 | T    | B      | Ż      |
|---------------------------------|------|--------|--------|
| 3rd Month                       | Date | deight | Weight |
| Sleeping patterns               |      |        |        |
| Eating habits                   |      | 0      |        |
| Discovenies and accomplishments |      | S      |        |
| 4 ighlights                     | à    |        |        |
| 4th Month                       | Date | deight | Weight |
| Sleeping patterns               |      |        |        |
| Eating habits                   |      |        |        |
| Discoveries and accomplishments |      |        |        |
| dighlights (                    |      |        |        |
|                                 |      |        |        |

| 5th Month Date Height Weight<br>Steeping patterns Eating habits Discoveries and accomplishments Highlights Eating habits Eating habits Discoveries and accomplishments Highlights |                       | K   | 3        | Ż      |
|---|-----------------------|-----|----------|--------|
| Eating habits Discoveries and accomplishments dighlights Date deight Weight Sleeping patterns Eating habits Discoveries and accomplishments                                       | Month D               | ate | deight   | Weight |
| Discovenies and accomplishments<br>Alighlights<br>6th Month Date Height Weight<br>Sleeping patterns<br>Eating habits<br>Discoveries and accomplishments                           | oatterns              |     | <u> </u> |        |
| Highlights 6th Mouth Date Height Weight Sleeping patterns Eating habits Discoveries and accomplishments   | Dits                  |     | 0        |        |
| 6th Month Date Height Weight<br>Sleeping patterns<br>Eating habits<br>Discoveries and accomplishments   | s and accomplishments | C   | <u>}</u> |        |
| Sleeping patterns Eating habits Discoveries and accomplishments   |                       | 0   |          |        |
| Eating habits<br>Discoveries and accomplishments  | Month D               | ate | deight   | Weight |
| Discoveries and accomplishments   | oatterins             |     |          |        |
|   | oits                  |     |          |        |
| dighlights  | s and accomplishments |     |          |        |
|   |                       |     |          |        |

|                                 | J    | P      |          |
|---------------------------------|------|--------|----------|
| 7th Month                       | Date | deight | Weight   |
| Sleeping patterns               |      |        | <u>0</u> |
| Eating habits                   |      | 0      |          |
| Discoveries and accomplishments |      | C      |          |
| dighlights                      | 0    |        |          |
| 8th Month                       | Date | deight | Weight   |
| Sleeping patterns               |      |        |          |
| Eating habits                   |      |        |          |
| Discoveries and accomplishments |      |        |          |
| dighlights                      |      |        |          |
|                                 |      |        |          |

| 9th Month                       |      | 8      |        |
|---------------------------------|------|--------|--------|
| 9th Month                       | Date | deight | Weight |
| Sleeping patterns               |      |        | 0      |
| Eating habits                   |      | 0      |        |
| Discoveries and accomplishments |      | C      |        |
| dighlights                      | S.   |        |        |
| $10_{\pm 0}$ $M_{\pm 0}$        | Date | deight | Weight |
| 10th Month                      | Duit | Height | Neight |
| Sleeping patterns               |      |        |        |
| 10.1                            |      |        |        |
| Sleeping patterns               |      |        |        |

|                                 | 7    | B      |        |
|---------------------------------|------|--------|--------|
| 11th Month                      | Date | deight | Weight |
| Sleeping patterns               |      |        | 0      |
| Eating habits                   |      | 0      |        |
| Discoveries and accomplishments |      | G      |        |
| dighlights                      | 0    |        |        |
| 12th Month                      | Date | deight | Weight |
| Sleeping patterns               |      |        |        |
| Eating habits                   |      |        |        |
| Discovenies and accomplishments |      |        |        |
| dighlights                      |      |        |        |
|                                 |      |        |        |

# Growth Chart

| aline mana  |         |          |
|-------------|---------|----------|
| Five years  | Height  | Weight   |
| Four years  | deight  | Weight   |
|             | Height  | Weight   |
| Three years | Height  | Weight   |
| Two years   | deight  | Weight   |
| 18 Months   | Horgite | rocigiti |
|             | deight  | Weight   |
| One Year    |         | Weight   |
| 9 Months    |         |          |
|             | deight  | Weight   |
| 6 Months    | deight  | Weight   |
| 3 Months    |         |          |
|             | deight  | Weight   |
| 1 Month     | deight  | Weight   |
| Binth       |         |          |
|             | deight  | Weight   |

| J                         | My Fir            | st Teeth        |      | S     |
|---------------------------|-------------------|-----------------|------|-------|
| My first tooth appeared a | age               |                 | Sa   | No.   |
| My dentist's name         |                   |                 | U    | oper  |
| My first office visit     |                   | C O             |      | ower  |
|                           | Dates Teeth Finst | Appeared        |      |       |
| Upper                     |                   | Lower           |      |       |
| Left                      | Right             | LOWER           | Left | Right |
| Central Incisor           |                   | Central Incisor |      |       |
| Lateral Incisor           |                   | Lateral Incisor |      |       |
| Cuspid                    |                   | Cuspid          |      |       |
| First Molar               | 2                 | First Molar     |      |       |
| Second Molar              |                   | Second Molar    |      |       |
|                           |                   |                 |      |       |
|                           | Dental Ch         | eCRUpS          |      |       |
| Date Theatment            | Age               | Date Treatment  |      | Age   |
|                           |                   |                 |      |       |
|                           |                   |                 |      |       |
|                           |                   |                 |      |       |
|                           |                   |                 |      |       |

|                         | Nhen I First         |
|-------------------------|----------------------|
| Slept through the night | Sat unsupported      |
| Smiled                  | Clapped my hands     |
| Found my hands and feet | Rolled back to tummy |
| Laughed out loud        | Ate baby food        |
| Rolled tummy to back    | Crawled              |
|                         |                      |

| All                | My Firsts<br>When I First |
|--------------------|---------------------------|
| Ate solid food     | Fed myself                |
| Stood by myself    | Drank from a cup          |
| Took my first step | Danced                    |
| Waved bye-bye      | Sang along                |
| Spoke              | Dressed myself            |
|                    |                           |









| My First Vacation               |  |
|---------------------------------|--|
| On my first vacation we went to |  |
| I went with                     |  |
| Aighlights of our trip          |  |
|                                 |  |
|                                 |  |
|                                 |  |



#### Holiday Celebrations

#### Holiday Celebrations

| My Favorites    |
|-----------------|
| Foods           |
| "Snuggly"       |
| Toys            |
| Books/Stonies   |
| Songs           |
| Friends         |
| TV Shows/movies |
| Clothes         |
|                 |

|                          | I'm One of a Kind |
|--------------------------|-------------------|
| Personality traits       |                   |
| Physical characteristics |                   |
| Unique habits            |                   |
| Things that make me hap  | ру                |
| I wasn't happy when      |                   |
| 6                        |                   |
|                          |                   |

|                  | My Grandparents |
|------------------|-----------------|
| What I call them |                 |
| Where they live  |                 |
| My finst visit   | S               |
| Special moments  | Jo?             |
| S                | Photo           |

|                  | My Grandparents |
|------------------|-----------------|
| What I call them |                 |
| Where they live  |                 |
| My finst visit   | S               |
| Special moments  | Jo?             |
| S                | Photo           |

| Happy First Birthday              |
|-----------------------------------|
| 40w we celebrated                 |
|                                   |
|                                   |
| The cake                          |
| Family and friends who were there |
|                                   |
|                                   |
| Special gifts                     |
|                                   |
|                                   |
|                                   |
|                                   |



| My Second Birthday                |
|-----------------------------------|
| How we celebrated                 |
|                                   |
| The cake                          |
| Family and friends who were there |
|                                   |
| Special gifts                     |
| C C C                             |
|                                   |
|                                   |



| My Third Birthday                 |
|-----------------------------------|
| How we celebrated                 |
|                                   |
|                                   |
| The cake                          |
| Family and friends who were there |
|                                   |
|                                   |
| Special gifts                     |
|                                   |
| 6                                 |
|                                   |
|                                   |



| My Fourth Birthday                |
|-----------------------------------|
| How we celebrated                 |
|                                   |
|                                   |
| The cake                          |
| Family and friends who were there |
|                                   |
|                                   |
| Special gifts                     |
|                                   |
| <b>U</b>                          |
|                                   |
|                                   |



| My Fitth Birthday                 |  |  |
|-----------------------------------|--|--|
| How we celebrated                 |  |  |
|                                   |  |  |
| The cake                          |  |  |
| Family and friends who were there |  |  |
|                                   |  |  |
| Special gifts                     |  |  |
|                                   |  |  |
|                                   |  |  |
|                                   |  |  |



### My First Day at School

| First school attended |   |
|-----------------------|---|
| Date                  |   |
| My teacher's name     | ~ |
| Best finiends         |   |
| Accomplishments       |   |
| Favorite memories     |   |
|                       |   |
| G                     |   |
|                       |   |
|                       |   |

## School Photos and Projects





