

LIFE BOOK PAGES

Notice to Provider, Adoption Decree, Birth Certificates, Social Security Cards,
Medical Cards, Timeline of Child's Life (Past Placements, Important Events,
Religious Documents, etc.)

© Journeys and Dreams



LIFE BOOK PAGES

© Journeys and Dreams

A decorative border of small, colorful triangles (orange, red, teal, grey, yellow, and dark blue) arranged in a rectangular frame around the central text.

LIFE BOOK PAGES



2 inch Binder Spine



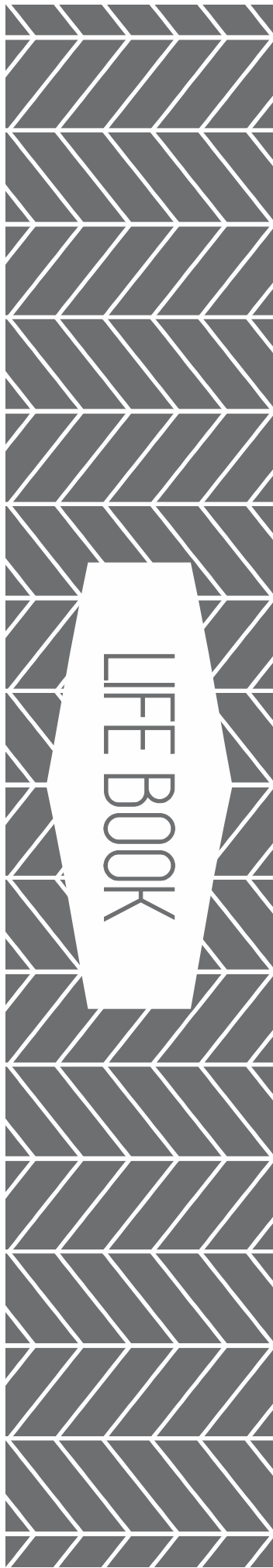
etsy.com/shop/JOURNEYSandDREAMS

Use cut lines as a guide to print an 8x10in sign.
Cover is best printed on thick paper such as cardstock.

DESIGNS FROM @Journeys and Dreams MAY NOT BE SHARED, DISTRIBUTED, OR SOLD OUTSIDE OF @Journeys and Dreams SHOP. THIS PRINTABLE IS FOR PERSONAL USE ONLY AND CAN ONLY BE PRINTED BY THE PURCHASER. COLORS MAY SHIFT DEPENDING ON YOUR INDIVIDUAL SCREEN AND PRINTER.



LIFE BOOK



2 inch Binder Spine

etsy.com/shop/JOURNEYSandDREAMS

Use cut lines as a guide to print an 8x10in sign.
Cover is best printed on thick paper such as cardstock.

DESIGNS FROM @Journeys and Dreams MAY NOT BE SHARED, DISTRIBUTED, OR SOLD OUTSIDE OF @Journeys and Dreams SHOP. THIS PRINTABLE IS FOR PERSONAL USE ONLY AND CAN ONLY BE PRINTED BY THE PURCHASER. COLORS MAY SHIFT DEPENDING ON YOUR INDIVIDUAL SCREEN AND PRINTER.



2 inch Binder Spine



LIFE BOOK



LIFE BOOK



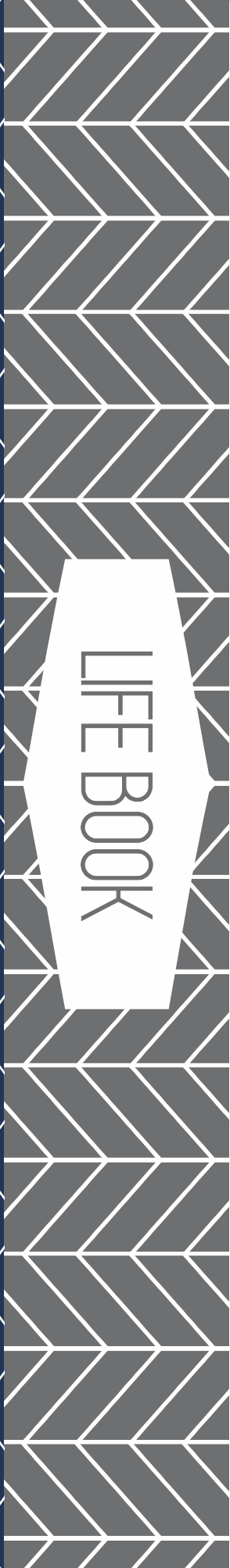
LIFE BOOK



LIFE BOOK



LIFE BOOK



LIFE BOOK

CHILD IDENTIFICATION FORM



DATE OF PHOTO: _____

Date Formed Filled Out: _____

Full Name: _____

Nickname: _____

☐ Male ☐ Female ☐ Glasses ☐ Braces

Birth Date: _____ Blood Type: _____

Race: _____

Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____

Identifying Marks (birthmarks, scars, etc.): _____

LEFT LITTLE	LEFT RING	LEFT MIDDLE	LEFT INDEX	LEFT THUMB
RIGHT THUMB	RIGHT INDEX	RIGHT MIDDLE	RIGHT RING	RIGHT LITTLE

Allergies: _____

Medical Conditions: _____

Medications: _____



YOUR FIRST DAY HERE

Your Social Workers (while you were here)

Name: _____

Name: _____

Name: _____

Social Service Agency

Name: _____

Phone: _____

Address: _____

Date: _____ Time: _____

Time(s) in Foster Care: _____

Our Family: _____

Your Family: _____

You came here because: _____

You weighed _____ You were _____ tall

Notes

ATTACH A PHOTO HERE

Age: _____ Grade: _____ Date: _____

FOSTER PARENTS

Thoughts and Memories

Name: _____ Date of Birth: _____

The day you arrived, we _____

One thing we will never forget is _____

Something funny you said/did while you were here _____

What sometimes made you sad or angry was _____

What usually made you smile or laugh was _____

The most difficult time was _____

We felt most proud of you when _____

The most special thing about you is _____

We hope you continue to _____

MY FOSTER FAMILY

ATTACH A PHOTO HERE

Notes: _____

MY FOSTER FAMILY

Special Holidays for Our Family: _____

Some of our Family Traditions: _____

My First Family Celebration: _____

Friends and Family who were there: _____



ATTACH A PHOTO HERE

MY FOSTER FAMILY

Foster Mother

Name: _____

Race/Ethnicity: _____

Hair Color: _____ Eye Color: _____

What I remember about my foster mom: _____

ATTACH A PHOTO HERE

Our favorite things to do together: _____

Memories we share: _____

Something important she taught me: _____

What she wants me to remember: _____

MY FOSTER FAMILY

Foster Father

Name: _____

Race/Ethnicity: _____

Hair Color: _____ Eye Color: _____

What I remember about my foster dad: _____

ATTACH A PHOTO HERE

Our favorite things to do together: _____

Memories we share: _____

Something important he taught me: _____

What he wants me to remember: _____

MY FOSTER FAMILY

My Foster Siblings

ATTACH A PHOTO HERE

Name: _____	Brother/Sister	Name: _____	Brother/Sister
Name: _____	Brother/Sister	Name: _____	Brother/Sister
Name: _____	Brother/Sister	Name: _____	Brother/Sister
Name: _____	Brother/Sister	Name: _____	Brother/Sister

What I remember about my foster siblings: _____

Our favorite things to do together: _____

Memories we share together: _____

Other things I want to remember: _____

MY FOSTER FAMILY

My Extended Foster Family

ATTACH A PHOTO HERE

Notes: _____

MY ADOPTIVE FAMILY

ATTACH A PHOTO HERE

Notes: _____

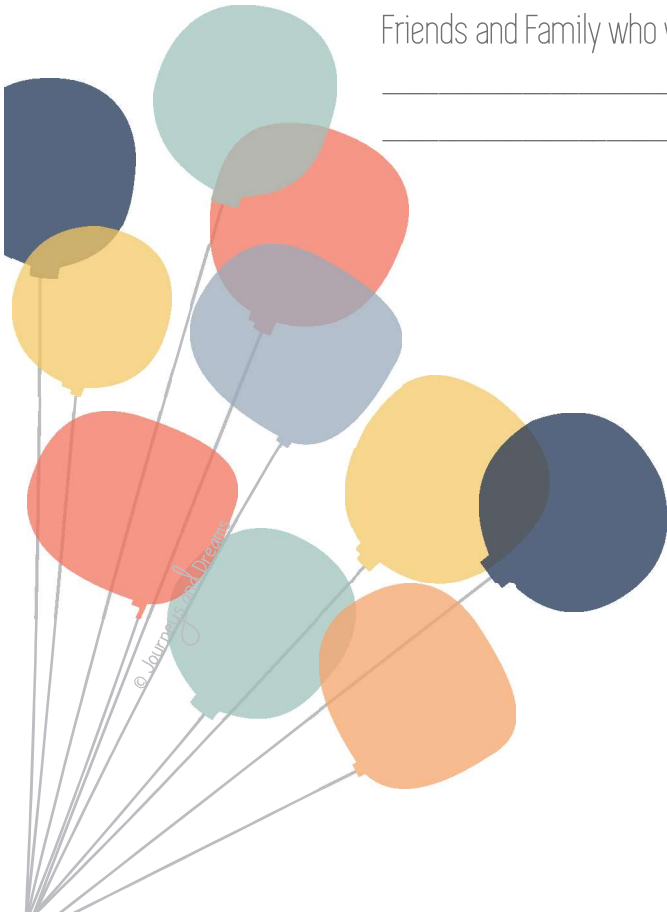
MY ADOPTIVE FAMILY

Special Holidays for Our Family: _____

Some of our Family Traditions: _____

My First Family Celebration: _____

Friends and Family who were there: _____



ATTACH A PHOTO HERE

MY ADOPTIVE FAMILY

Adoptive Mother

Name: _____

Date of Birth: _____

Place of Birth: _____

Hair Color: _____ Eye Color: _____

Blood Type: _____

Mother's Maiden Name: _____

Father's Name: _____

Race: _____

Ethnicity: _____

Family Origin: _____

Tribal Affiliation: _____

Clan Name: _____

ATTACH A PHOTO HERE

My mom's first thoughts about me: _____

My mom's memories of my first days home: _____

MY ADOPTIVE FAMILY

Adoptive Father

Name: _____

Date of Birth: _____

Place of Birth: _____

Hair Color: _____ Eye Color: _____

Blood Type: _____

Mother's Maiden Name: _____

Father's Name: _____

ATTACH A PHOTO HERE

Race: _____

Ethnicity: _____

Family Origin: _____

Tribal Affiliation: _____

Clan Name: _____

My dad's first thoughts about me: _____

My dad's memories of my first days home: _____

MY ADOPTIVE FAMILY

My Adoptive Siblings

ATTACH A PHOTO HERE

Name: _____ Brother/Sister Name: _____ Brother/Sister

Name: _____ Brother/Sister Name: _____ Brother/Sister

Our first days together: _____

What I first thought about them: _____

What they first thought about me: _____

Our first fun day together: _____

MY ADOPTIVE FAMILY

My Extended Adoptive Family

ATTACH A PHOTO HERE

Notes: _____

OUR FAMILY

My Name: _____

Why You Chose My Name: _____

Origin and Meaning of Family Last Name: _____

BROTHERS

SISTERS

DAD AND MOM

UNCLES AND AUNTS

UNCLES AND AUNTS

GRANDPARENTS

GRANDPARENTS

GREAT-GRANDPARENTS

GREAT-GRANDPARENTS

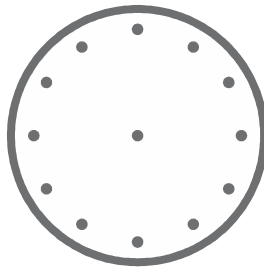
GREAT-GRANDPARENTS

GREAT-GRANDPARENTS



CALENDAR DATE:

TIME OF DAY:



:
AM / PM

WEATHER:



MY NEW NAME:

THE JUDGE + LEGAL TEAM:

FAMILY + FRIENDS WHO CAME:

ADOPTION DAY

© Journeys and Dreams

ATTACH PHOTOS HERE



PICTURES OF ME

ADOPTION DAY

© Journeys and Dreams

PICTURES OF FAMILY AND FRIENDS

ATTACH PHOTOS HERE

BIRTH CERTIFICATE

ATTACH BIRTH CERTIFICATE HERE
BEST IF PUT IN A SHEET PROTECTOR

Handprints

Date: _____

Footprints

Date: _____

MY BIRTH FAMILY

Birth Mother

Name: _____

Date of Birth: _____

Place of Birth: _____

Blood Type: _____

Mother's Maiden Name: _____

Father's Name: _____

Race: _____

Ethnicity: _____

Family Origin: _____

Tribal Affiliation: _____

Clan Name: _____

Hair Color: _____ Eye Color: _____

Height: _____ Weight: _____

What I remember about my mom: _____

ATTACH A PHOTO HERE

FAMILY HISTORY:

☐ Alcohol or Drug Abuse

☐ Anxiety, Depression,
Psychiatric Illness

☐ Anesthesia Complications

☐ Cancer

☐ Diabetes

☐ Genetic Disorder

☐ Heart Disease

☐ High Blood Pressure

☐ High Cholesterol

☐ Liver Disease

☐ STD/HIV/AIDS

☐ Stroke/TIA

☐ Tuberculosis

Other/Notes: _____

OUR FAMILY

My Name: _____

Why You Chose My Name: _____

Origin and Meaning of Family Last Name: _____

BROTHERS

SISTERS

DAD AND MOM

UNCLES AND AUNTS

UNCLES AND AUNTS

GRANDPARENTS

GRANDPARENTS

GREAT-GRANDPARENTS

GREAT-GRANDPARENTS

GREAT-GRANDPARENTS

GREAT-GRANDPARENTS

A decorative border of colorful triangles (orange, red, grey, teal, dark blue, yellow) surrounds the central text and writing area.

OUR FAMILY

Family Name: _____

Family Heritage and Ethnicity: _____

Family Religious Beliefs: _____

Family Traditions: _____

Family Holidays and Celebrations: _____

Family Recipes: _____

MY BIRTH FAMILY

Birth Father

ATTACH A PHOTO HERE

Name: _____

Date of Birth: _____

Place of Birth: _____

Blood Type: _____

Mother's Maiden Name: _____

Father's Name: _____

Race: _____

Ethnicity: _____

Family Origin: _____

Tribal Affiliation: _____

Clan Name: _____

Hair Color: _____ Eye Color: _____

Height: _____ Weight: _____

What I remember about my dad: _____

FAMILY HISTORY:

☐ Alcohol or Drug Abuse

☐ Anxiety, Depression,
Psychiatric Illness

☐ Anesthesia Complications

☐ Cancer

☐ Diabetes

☐ Genetic Disorder

☐ Heart Disease

☐ High Blood Pressure

☐ High Cholesterol

☐ Liver Disease

☐ STD/HIV/AIDS

☐ Stroke/TIA

☐ Tuberculosis

Other/Notes: _____

OUR FAMILY

My Name: _____

Why You Chose My Name: _____

Origin and Meaning of Family Last Name: _____

BROTHERS

SISTERS

DAD AND MOM

UNCLES AND AUNTS

UNCLES AND AUNTS

GRANDPARENTS

GRANDPARENTS

GREAT-GRANDPARENTS

GREAT-GRANDPARENTS

GREAT-GRANDPARENTS

GREAT-GRANDPARENTS

A decorative border of colorful triangles (orange, red, grey, teal, dark blue, yellow) surrounds the central text and writing area.

OUR FAMILY

Family Name: _____

Family Heritage and Ethnicity: _____

Family Religious Beliefs: _____

Family Traditions: _____

Family Holidays and Celebrations: _____

Family Recipes: _____

MY BIRTH FAMILY

My Siblings

ATTACH A PHOTO HERE

What I remember about my siblings: _____

Name: _____
Male / Female Brother / Sister Full / Half / Step
Date of Birth: _____
Place of Birth: _____
Hair Color: _____ Eye Color: _____
Height: _____ Weight: _____

Name: _____
Male / Female Brother / Sister Full / Half / Step
Date of Birth: _____
Place of Birth: _____
Hair Color: _____ Eye Color: _____
Height: _____ Weight: _____

Name: _____
Male / Female Brother / Sister Full / Half / Step
Date of Birth: _____
Place of Birth: _____
Hair Color: _____ Eye Color: _____
Height: _____ Weight: _____

Name: _____
Male / Female Brother / Sister Full / Half / Step
Date of Birth: _____
Place of Birth: _____
Hair Color: _____ Eye Color: _____
Height: _____ Weight: _____

MY BIRTH FAMILY

My Extended Birth Family

ATTACH A PHOTO HERE

Notes: _____

BABY MEMORIES

ATTACH THE EARLIEST BABY PHOTO HERE

THE STATS

Name:

City, State:

Doctor:

Hospital:

Hair Color:

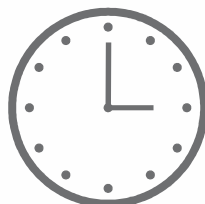
Eye Color:

Skin Color:

Blood Type:

FIRST THOUGHTS

WEIGHS



BORN AT
:
AM / PM

INCHES LONG

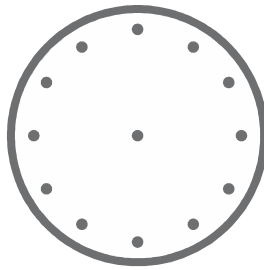


ON THE DAY I ARRIVED

© Journeys and Dreams

CALENDAR DATE:

TIME OF DAY:



:
AM / PM

WEATHER:



National Leaders: _____

World Leaders: _____

Headlines: _____

Popular Entertainers: _____

Popular Songs: _____

Best-Selling Authors: _____

Hit TV Shows: _____

Sports Stars: _____

Fashion Trends: _____

ON THE DAY I ARRIVED

© Journeys and Dreams

NEWSPAPER CLIPPING

ATTACH A GROCERY
RECEIPT HERE

THE PRICE OF:

A Gallon of Gas: _____

Monthly Rent/Mortgage: _____

A Car: _____

A Movie Ticket: _____

Babysitting (per hour): _____

A Gallon of Milk: _____

A Loaf of Bread: _____

Diapers: _____

A Postage Stamp: _____



BABY'S MILESTONES

Slept through the night: _____

Held head up: _____

Smiled: _____

Reached for an object: _____

Discovered hands: _____

Discovered feet: _____

Laughed: _____

Recognized Mommy: _____

Recognized Daddy: _____

Crawled: _____

Cut a tooth: _____

Rolled Over: _____

Sat alone: _____

Ate solid food: _____

Held a spoon: _____

Stood up: _____

Stood alone: _____

Walked: _____

Waved: _____

Clapped: _____

Hugged: _____

Gave or blew a kiss: _____

Danced: _____

Hair Cut: _____

Favorite songs and lullabies: _____

Favorite toys and games: _____

MONTH

1

Weight: _____

Height: _____

Teeth: _____

What's New _____

Milestones _____

Favorites _____

Family Outings & Activities _____

MONTH

2

Weight: _____

Height: _____

Teeth: _____

What's New _____

Milestones _____

Favorites _____

Family Outings & Activities _____

MONTH

3

Weight: _____

Height: _____

Teeth: _____

What's New _____

Milestones _____

Favorites _____

Family Outings & Activities _____

MONTH

4

Weight: _____

Height: _____

Teeth: _____

What's New _____

Milestones _____

Favorites _____

Family Outings & Activities _____

MONTH

5

Weight: _____

Height: _____

Teeth: _____

What's New _____

Milestones _____

Favorites _____

Family Outings & Activities _____

MONTH

6

Weight: _____

Height: _____

Teeth: _____

What's New _____

Milestones _____

Favorites _____

Family Outings & Activities _____

MONTH

7

Weight: _____

Height: _____

Teeth: _____

What's New _____

Milestones _____

Favorites _____

Family Outings & Activities _____

MONTH

8

Weight: _____

Height: _____

Teeth: _____

What's New _____

Milestones _____

Favorites _____

Family Outings & Activities _____

MONTH

9

Weight: _____

Height: _____

Teeth: _____

What's New _____

Milestones _____

Favorites _____

Family Outings & Activities _____

MONTH

10

Weight: _____

Height: _____

Teeth: _____

What's New _____

Milestones _____

Favorites _____

Family Outings & Activities _____

MONTH

11

Weight: _____

Height: _____

Teeth: _____

What's New _____

Milestones _____

Favorites _____

Family Outings & Activities _____

MONTH

12

Weight: _____

Height: _____

Teeth: _____

What's New _____

Milestones _____

Favorites _____

Family Outings & Activities _____

THE EARLY YEARS

My personality is really developing: _____

Things I do best: _____

Activities I enjoy: _____

My friends: _____

Places I like to go: _____

Things that make me laugh: _____

Things that scare me: _____

My pets: _____

People I like to spend time with: _____

Favorite Words: _____

Favorite Songs: _____

Favorite Books: _____

Favorite Toys: _____

Some bumps and bruises: _____

The ABC's: _____

To Count: _____

My Name: _____

My First Sentences: _____

To Read: _____

To Write: _____

Tie My Shoes: _____

To Ride a 2-Wheeler: _____

To Use the Potty: _____

To Dress Myself: _____

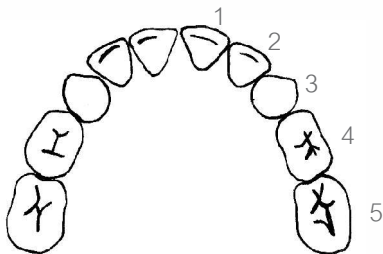


GROWTH CHART

© Journeys and Dreams

NEWBORN	LENGTH: _____	WEIGHT: _____	DATE: _____
1 MONTH	LENGTH: _____	WEIGHT: _____	DATE: _____
2 MONTHS	LENGTH: _____	WEIGHT: _____	DATE: _____
3 MONTHS	LENGTH: _____	WEIGHT: _____	DATE: _____
4 MONTHS	LENGTH: _____	WEIGHT: _____	DATE: _____
5 MONTHS	LENGTH: _____	WEIGHT: _____	DATE: _____
6 MONTHS	LENGTH: _____	WEIGHT: _____	DATE: _____
7 MONTHS	LENGTH: _____	WEIGHT: _____	DATE: _____
8 MONTHS	LENGTH: _____	WEIGHT: _____	DATE: _____
9 MONTHS	LENGTH: _____	WEIGHT: _____	DATE: _____
10 MONTHS	LENGTH: _____	WEIGHT: _____	DATE: _____
11 MONTHS	LENGTH: _____	WEIGHT: _____	DATE: _____
1 YEAR	LENGTH: _____	WEIGHT: _____	DATE: _____
1.5 YEARS	LENGTH: _____	WEIGHT: _____	DATE: _____
2 YEARS	LENGTH: _____	WEIGHT: _____	DATE: _____
2.5 YEARS	LENGTH: _____	WEIGHT: _____	DATE: _____
3 YEARS	LENGTH: _____	WEIGHT: _____	DATE: _____
3.5 YEARS	LENGTH: _____	WEIGHT: _____	DATE: _____
4 YEARS	LENGTH: _____	WEIGHT: _____	DATE: _____
4.5 YEARS	LENGTH: _____	WEIGHT: _____	DATE: _____
5 YEARS	LENGTH: _____	WEIGHT: _____	DATE: _____
6 YEARS	LENGTH: _____	WEIGHT: _____	DATE: _____
7 YEARS	LENGTH: _____	WEIGHT: _____	DATE: _____
8 YEARS	LENGTH: _____	WEIGHT: _____	DATE: _____
9 YEARS	LENGTH: _____	WEIGHT: _____	DATE: _____
10 YEARS	LENGTH: _____	WEIGHT: _____	DATE: _____
11 YEARS	LENGTH: _____	WEIGHT: _____	DATE: _____
12 YEARS	LENGTH: _____	WEIGHT: _____	DATE: _____
13 YEARS	LENGTH: _____	WEIGHT: _____	DATE: _____
14 YEARS	LENGTH: _____	WEIGHT: _____	DATE: _____
15 YEARS	LENGTH: _____	WEIGHT: _____	DATE: _____
16 YEARS	LENGTH: _____	WEIGHT: _____	DATE: _____
17 YEARS	LENGTH: _____	WEIGHT: _____	DATE: _____
18 YEARS	LENGTH: _____	WEIGHT: _____	DATE: _____

MY TEETH

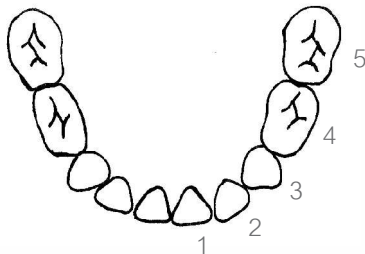


Baby Teeth: Top

- #1 CENTRAL INCISOR
- #2 LATERAL INCISOR
- #3 CANINE (CUSPID)
- #4 FIRST MOLAR
- #5 SECOND MOLAR

Right: _____
 Right: _____
 Right: _____
 Right: _____
 Right: _____

Left: _____
 Left: _____
 Left: _____
 Left: _____
 Left: _____

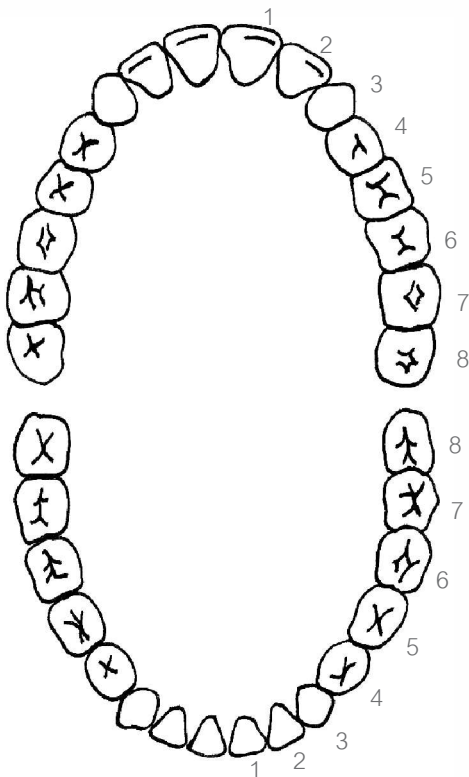


Baby Teeth: Bottom

- #1 CENTRAL INCISOR
- #2 LATERAL INCISOR
- #3 CANINE (CUSPID)
- #4 FIRST MOLAR
- #5 SECOND MOLAR

Right: _____
 Right: _____
 Right: _____
 Right: _____
 Right: _____

Left: _____
 Left: _____
 Left: _____
 Left: _____
 Left: _____

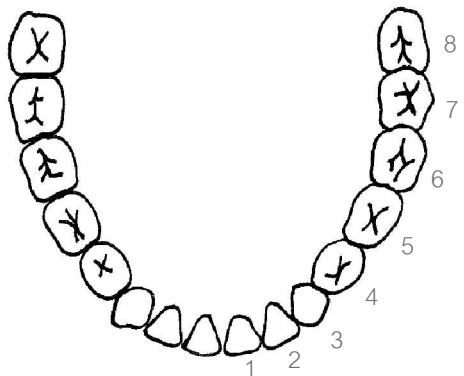


Adult Teeth: Top

- #1 CENTRAL INCISOR
- #2 LATERAL INCISOR
- #3 CANINE (CUSPID)
- #4 FIRST PREMOLAR
- #5 SECOND PREMOLAR
- #6 FIRST MOLAR
- #7 SECOND MOLAR
- #8 THIRD MOLAR

Right: _____
 Right: _____
 Right: _____
 Right: _____
 Right: _____
 Right: _____
 Right: _____
 Right: _____

Left: _____
 Left: _____
 Left: _____
 Left: _____
 Left: _____
 Left: _____
 Left: _____
 Left: _____



Adult Teeth: Bottom

- #1 CENTRAL INCISOR
- #2 LATERAL INCISOR
- #3 CANINE (CUSPID)
- #4 FIRST PREMOLAR
- #5 SECOND PREMOLAR
- #6 FIRST MOLAR
- #7 SECOND MOLAR
- #8 THIRD MOLAR

Right: _____
 Right: _____
 Right: _____
 Right: _____
 Right: _____
 Right: _____
 Right: _____
 Right: _____

Left: _____
 Left: _____
 Left: _____
 Left: _____
 Left: _____
 Left: _____
 Left: _____
 Left: _____



IMMUNIZATIONS

Pediatrician: _____ Phone Number: _____ My Blood Type: _____
Office Address: _____ My First Visit: _____

		Date	Reaction
Diphtheria Tetanus Pertussis	} DTaP:	_____ _____ _____ _____	_____ _____ _____ _____
Polio Vaccine	IPV:	_____ _____ _____	_____ _____ _____
Measles Mumps Rubella	} MMR:	_____ _____ _____	_____ _____ _____
Haemophilus	HIB:	_____ _____ _____	_____ _____ _____
Hepatitis B	HepB:	_____ _____ _____	_____ _____ _____
Pneumococcal Conjugate	PVC:	_____ _____ _____	_____ _____ _____
Varicella (Chicken Pox):		_____ _____	_____ _____
Rotavirus	RV:	_____ _____ _____	_____ _____ _____
Other:		_____ _____ _____	_____ _____ _____

FIRST DAY OF SCHOOL

The First School I Attended: _____

My Teacher(s): _____

My Principal: _____

How I Felt Before School: _____

How I Felt After School: _____

Friends I Made: _____

New Things I Learned: _____

My Favorite Part of the Day: _____

ATTACH PHOTOS HERE

GRADE

K

School Name: _____

School Address: _____

Teacher(s): _____

Principal: _____

Vice Principal: _____

Favorite Subject: _____

Most Challenging Subject: _____

Achievements: _____

Extra Curricular Activities: _____

Best Friends: _____

Memories: _____

© Journeys and Dreams

GRADE

1

School Name: _____

School Address: _____

Teacher(s): _____

Principal: _____

Vice Principal: _____

Favorite Subject: _____

Most Challenging Subject: _____

Achievements: _____

Extra Curricular Activities: _____

Best Friends: _____

Memories: _____

© Journeys and Dreams

GRADE

2

School Name: _____

School Address: _____

Teacher(s): _____

Principal: _____

Vice Principal: _____

Favorite Subject: _____

Most Challenging Subject: _____

Achievements: _____

Extra Curricular Activities: _____

Best Friends: _____

Memories: _____

© Journeys and Dreams

GRADE 3

School Name: _____

School Address: _____

Teacher(s): _____

Principal: _____

Vice Principal: _____

Favorite Subject: _____

Most Challenging Subject: _____

Achievements: _____

Extra Curricular Activities: _____

Best Friends: _____

Memories: _____

GRADE

4

School Name: _____

School Address: _____

Teacher(s): _____

Principal: _____

Vice Principal: _____

Favorite Subject: _____

Most Challenging Subject: _____

Achievements: _____

Extra Curricular Activities: _____

Best Friends: _____

Memories: _____

© Journeys and Dreams

GRADE

5

School Name: _____

School Address: _____

Teacher(s): _____

Principal: _____

Vice Principal: _____

Favorite Subject: _____

Most Challenging Subject: _____

Achievements: _____

Extra Curricular Activities: _____

Best Friends: _____

Memories: _____

© Journeys and Dreams

GRADE

6

School Name: _____

School Address: _____

Teacher(s): _____

Principal: _____

Vice Principal: _____

Favorite Subject: _____

Most Challenging Subject: _____

Achievements: _____

Extra Curricular Activities: _____

Best Friends: _____

Memories: _____

© Journeys and Dreams

GRADE 7

School Name: _____

School Address: _____

Teacher(s): _____

Principal: _____

Vice Principal: _____

Favorite Subject: _____

Most Challenging Subject: _____

Achievements: _____

Extra Curricular Activities: _____

Best Friends: _____

Memories: _____

GRADE

8

School Name: _____

School Address: _____

Teacher(s): _____

Principal: _____

Vice Principal: _____

Favorite Subject: _____

Most Challenging Subject: _____

Achievements: _____

Extra Curricular Activities: _____

Best Friends: _____

Memories: _____

© Journeys and Dreams

GRADE 9

School Name: _____

School Address: _____

Teacher(s): _____

Principal: _____

Vice Principal: _____

Favorite Subject: _____

Most Challenging Subject: _____

Achievements: _____

Extra Curricular Activities: _____

Best Friends: _____

Memories: _____

GRADE 10

School Name: _____

School Address: _____

Teacher(s): _____

Principal: _____

Vice Principal: _____

Favorite Subject: _____

Most Challenging Subject: _____

Achievements: _____

Extra Curricular Activities: _____

Best Friends: _____

Memories: _____

GRADE 11

School Name: _____

School Address: _____

Teacher(s): _____

Principal: _____

Vice Principal: _____

Favorite Subject: _____

Most Challenging Subject: _____

Achievements: _____

Extra Curricular Activities: _____

Best Friends: _____

Memories: _____

© Journeys and Dreams

GRADE 12

School Name: _____

School Address: _____

Teacher(s): _____

Principal: _____

Vice Principal: _____

Favorite Subject: _____

Most Challenging Subject: _____

Achievements: _____

Extra Curricular Activities: _____

Best Friends: _____

Memories: _____

© Journeys and Dreams

HIGH SCHOOL PRIDE

CLASS OF 20____

Our school colors were _____

Our school mascot was _____

When I graduate I want to _____

Someday I want to work as a _____ because _____

I want to change the world by _____

My hopes and dreams: _____

ATTACH PHOTOS HERE

FIRST SCHOOL DANCE

ATTACH PHOTOS HERE

I went to my first dance with _____
_____ on the night of _____

Funny moments from the night: _____

Popular songs: _____

Fun dances: _____

My memories from the night: _____

HIGH SCHOOL PROM

ATTACH PHOTOS HERE

I went to prom with _____
_____ on the night of _____

The theme was _____

Friends we met up with: _____

We drove there in _____

We went to dinner at _____

Popular songs: _____

Fun dances: _____

My memories from the night: _____

Prom King: _____ Prom Queen: _____

LEARNING TO DRIVE

ATTACH PHOTOS HERE

The car I learned to drive in: _____

My first car: _____

Date I got a driver's permit: _____

Date I got a driver's license: _____

First place I drove to by myself: _____

People that taught me to drive: _____

My favorite part about driving: _____

My least favorite part about driving: _____

ATTACH PHOTOS HERE

MY FIRST JOB

Date I started: _____

Last day on the job: _____

Where I worked: _____

My position: _____

Memories: _____

ATTACH PHOTOS HERE

EXTRA CURRICULARS

ATTACH PHOTOS HERE

Details and Memories: _____

EXTRA CURRICULARS

ATTACH PHOTOS HERE

Details and Memories: _____

EXTRA CURRICULARS

ATTACH PHOTOS HERE

Details and Memories: _____

ACHIEVEMENTS AND AWARDS

ATTACH PHOTOS HERE

Details and Memories: _____



SPORTS I PLAYED

ATTACH PHOTOS HERE

Sport I played: _____

Position(s) I played: _____

Dates I Played: _____

Coach: _____

Assistant Coach: _____

Teammates: _____

My Stats: _____

Other Details and Memories: _____

A decorative border of small, colorful triangles in shades of orange, red, teal, grey, and dark blue surrounds the central text and photo area.

IMPORTANT HOLIDAYS

ATTACH PHOTOS HERE

FUN CELEBRATIONS

ATTACH PHOTOS HERE



Details and Memories: _____

MEMORIES

ATTACH PHOTOS HERE

[illegible]

MEMORIES

ATTACH PHOTOS HERE

MEMORIES

ATTACH PHOTOS HERE

[illegible]

MEMORIES

ATTACH PHOTOS HERE

MEMORIES

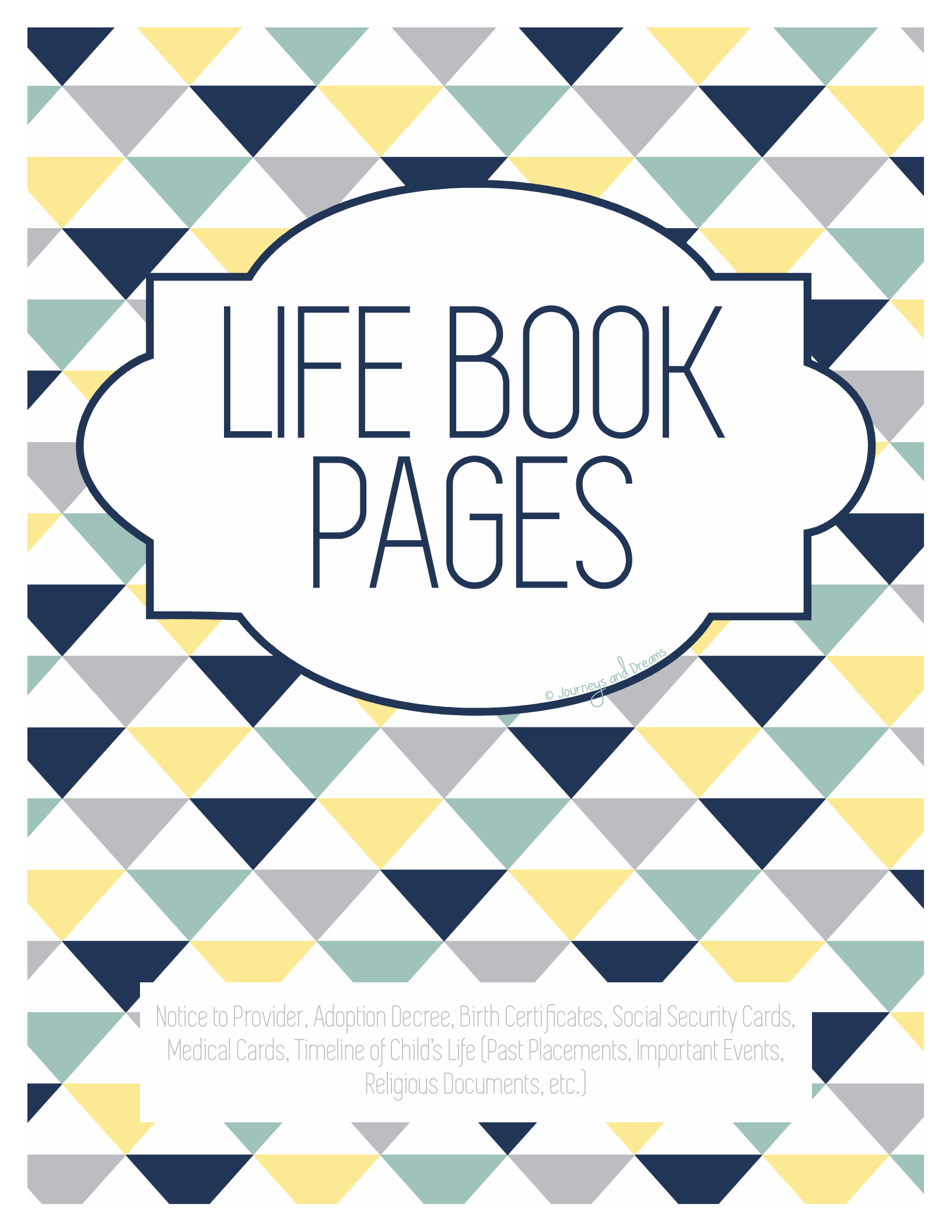
ATTACH PHOTOS HERE

MEMORIES

ATTACH PHOTOS HERE

MEMORIES

ATTACH PHOTOS HERE



LIFE BOOK PAGES

© Journeys and Dreams

Notice to Provider, Adoption Decree, Birth Certificates, Social Security Cards,
Medical Cards, Timeline of Child's Life (Past Placements, Important Events,
Religious Documents, etc.)



MY LIFE STORY

© Journeys and Dreams



LIFE BOOK PAGES

© Journeys and Dreams



MY LIFE STORY

© Journeys and Dreams



LIFE BOOK PAGES

© Journeys and Dreams



MY LIFE STORY

© Journeys and Dreams



LIFE BOOK PAGES

© Journeys and Dreams



MY LIFE STORY

© Journeys and Dreams



2 inch Binder Spine

Use cut lines as a guide to print an 8x10in sign.
Cover is best printed on thick paper such as cardstock.



etsy.com/shop/JOURNEYSandDREAMS

2 inch Binder Spine

DESIGNS FROM @Journeys and Dreams MAY NOT BE SHARED, DISTRIBUTED, OR SOLD OUTSIDE OF @Journeys and Dreams SHOP. THIS PRINTABLE IS FOR PERSONAL USE ONLY AND CAN ONLY BE PRINTED BY THE PURCHASER. COLORS MAY SHIFT DEPENDING ON YOUR INDIVIDUAL SCREEN AND PRINTER.



FOSTER CARE LIFE BOOK



FOSTER CARE LIFE BOOK



FOSTER CARE LIFE BOOK

DESIGNS FROM @Journeys and Dreams MAY NOT BE SHARED, DISTRIBUTED, OR SOLD OUTSIDE OF @Journeys and Dreams SHOP. THIS PRINTABLE IS FOR PERSONAL USE ONLY AND CAN ONLY BE PRINTED BY THE PURCHASER. COLORS MAY SHIFT DEPENDING ON YOUR INDIVIDUAL SCREEN AND PRINTER.



2 inch Binder Spine

Use cut lines as a guide to print an 8x10in sign.
Cover is best printed on thick paper such as cardstock.

etsy.com/shop/JOURNEYSandDREAMS

@Journeys and Dreams



2 inch Binder Spine

FOSTER CARE LIFE BOOK

FOSTER CARE LIFE BOOK

FOSTER CARE LIFE BOOK

FOSTER CARE LIFE BOOK

FOSTER CARE LIFE BOOK

FOSTER CARE LIFE BOOK



CHILD IDENTIFICATION FORM

© Journeys and Dreams

ATTACH A PHOTO HERE

DATE OF PHOTO: _____

Date Formed Filled Out: _____

Full Name: _____

Nickname: _____

☐ Male ☐ Female ☐ Glasses ☐ Braces

Birth Date: _____ Blood Type: _____

Race: _____

Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____

Identifying Marks (birthmarks, scars, etc.): _____

LEFT LITTLE

LEFT RING

LEFT MIDDLE

LEFT INDEX

LEFT THUMB

RIGHT THUMB

RIGHT INDEX

RIGHT MIDDLE

RIGHT RING

RIGHT LITTLE

Allergies: _____

Medical Conditions: _____

Medications: _____

YOUR FIRST DAY HERE

Your Social Workers (while you were here)

Name: _____

Name: _____

Name: _____

Social Service Agency

Name: _____

Phone: _____

Address: _____

Date: _____ Time: _____

Time(s) in Foster Care: _____

Our Family: _____

Your Family: _____

You came here because: _____

You weighed _____ You were _____ tall

Notes

ATTACH A PHOTO HERE

Age: _____ Grade: _____ Date: _____



FOSTER PARENTS

Thoughts and Memories

© Journeys and Dreams

Name: _____ Date of Birth: _____

The day you arrived, we _____

One thing we will never forget is _____

Something funny you said/did while you were here _____

What sometimes made you sad or angry was _____

What usually made you smile or laugh was _____

The most difficult time was _____

We felt most proud of you when _____

The most special thing about you is _____

We hope you continue to _____



ATTACH A PHOTO HERE

[illegible]



FOSTER PARENTS

© Journeys and Dreams

ATTACH A PHOTO HERE

Special Holidays for Our Family: _____

Some of our Family Traditions: _____

My First Family Celebration: _____

Friends and Family who were there: _____



FOSTER PARENTS

© Journeys and Dreams

Foster Mother

Name: _____

Race/Ethnicity: _____

Hair Color: _____ Eye Color: _____

What I remember about my foster mom: _____

Our favorite things to do together: _____

Memories we share: _____

Something important she taught me: _____

What she wants me to remember: _____

ATTACH A PHOTO HERE



FOSTER PARENTS

© Journeys and Dreams

Foster Father

Name: _____

Race/Ethnicity: _____

Hair Color: _____ Eye Color: _____

What I remember about my foster dad: _____

Our favorite things to do together: _____

Memories we share: _____

Something important he taught me: _____

What he wants me to remember: _____

ATTACH A PHOTO HERE



MY FOSTER FAMILY

My Foster Siblings

© Journeys and Dreams

ATTACH A PHOTO HERE

Name: _____ Brother/Sister Name: _____ Brother/Sister

Name: _____ Brother/Sister Name: _____ Brother/Sister

Name: _____ Brother/Sister Name: _____ Brother/Sister

Name: _____ Brother/Sister Name: _____ Brother/Sister

What I remember about my foster siblings: _____

Our favorite things to do together: _____


Memories we share together: _____

Other things I want to remember: _____



ATTACH A PHOTO HERE

[illegible]



You are my
SUNSHINE

© Journeys and Dreams

MY ADOPTIVE FAMILY

ATTACH A PHOTO HERE



You are my SUNSHINE

MY ADOPTIVE FAMILY

Special Holidays for Our Family: _____

Some of our Family Traditions: _____

My First Family Celebration: _____

Friends and Family who were there: _____

ATTACH A PHOTO HERE



You are my SUNSHINE

MY ADOPTIVE FAMILY

Name: _____

Date of Birth: _____

Place of Birth: _____

Hair Color: _____ Eye Color: _____

Blood Type: _____

Mother's Maiden Name: _____

Father's Name: _____

Adoptive Mother

Race: _____

Ethnicity: _____

Family Origin: _____

Tribal Affiliation: _____

Clan Name: _____

ATTACH A PHOTO HERE

My mom's first thoughts about me: _____

My mom's memories of my first days home: _____



You are my SUNSHINE

MY ADOPTIVE FAMILY

Adoptive Father

ATTACH A PHOTO HERE

Name: _____

Date of Birth: _____

Place of Birth: _____

Hair Color: _____ Eye Color: _____

Blood Type: _____

Mother's Maiden Name: _____

Father's Name: _____

Race: _____

Ethnicity: _____

Family Origin: _____

Tribal Affiliation: _____

Clan Name: _____

My dad's first thoughts about me: _____

My dad's memories of my first days home: _____



You are my SUNSHINE

MY ADOPTIVE FAMILY
My Adoptive Siblings

ATTACH A PHOTO HERE

Name: _____ Brother/Sister Name: _____ Brother/Sister

Name: _____ Brother/Sister Name: _____ Brother/Sister

Our first days together: _____

What I first thought about them: _____

What they first thought about me: _____

Our first fun day together: _____



You are my SUNSHINE

MY ADOPTIVE FAMILY
My Extended Adoptive Family

ATTACH A PHOTO HERE

Notes: _____

OUR FAMILY

My Name: _____

Why You Chose My Name: _____

Origin and Meaning of Family Last Name: _____

BROTHERS

SISTERS

PARENTS

UNCLES AND AUNTS

UNCLES AND AUNTS

GRANDPARENTS

GRANDPARENTS

GREAT-GRANDPARENTS

GREAT-GRANDPARENTS

GREAT-GRANDPARENTS

GREAT-GRANDPARENTS

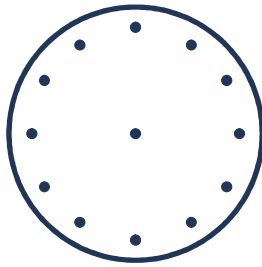
ADOPTION DAY

© Journeys and Dreams

CALENDAR DATE:

TIME OF DAY:

WEATHER:



:

AM / PM

MY NEW NAME:

THE JUDGE + LEGAL TEAM:

FAMILY + FRIENDS WHO CAME:



ADOPTION DAY

© Journeys and Dreams

ATTACH PHOTOS HERE

PICTURES OF ME



ADOPTION DAY

© Journeys and Dreams

ATTACH PHOTOS HERE

PICTURES OF FAMILY AND FRIENDS

BIRTH CERTIFICATE

ATTACH BIRTH CERTIFICATE HERE
BEST IF PUT IN A SHEET PROTECTOR

Handprints

Date: _____

Footprints

Date: _____

You are my
SUNSHINE

My only
SUNSHINE

You make me
HAPPY
When skies are gray

You'll never know
DEAR

How much
I LOVE YOU

© Journeys and Dreams

MY BIRTH FAMILY

Birth Mother

Name: _____

Date of Birth: _____

Place of Birth: _____

Blood Type: _____

Mother's Maiden Name: _____

Father's Name: _____

Race: _____

Ethnicity: _____

Family Origin: _____

Tribal Affiliation: _____

Clan Name: _____

Hair Color: _____ Eye Color: _____

Height: _____ Weight: _____

What I remember about my mom: _____

ATTACH A PHOTO HERE

FAMILY HISTORY:

☐ Alcohol or Drug Abuse

☐ Anxiety, Depression,
Psychiatric Illness

☐ Anesthesia Complications

☐ Cancer

☐ Diabetes

☐ Genetic Disorder

☐ Heart Disease

☐ High Blood Pressure

☐ High Cholesterol

☐ Liver Disease

☐ STD/HIV/AIDS

☐ Stroke/TIA

☐ Tuberculosis

Other/Notes: _____

OUR FAMILY

My Name: _____

Why You Chose My Name: _____

Origin and Meaning of Family Last Name: _____

BROTHERS

SISTERS

PARENTS

UNCLES AND AUNTS

UNCLES AND AUNTS

GRANDPARENTS

GRANDPARENTS

GREAT-GRANDPARENTS

GREAT-GRANDPARENTS

GREAT-GRANDPARENTS

GREAT-GRANDPARENTS

A decorative border of colorful triangles (dark blue, teal, and yellow) surrounds the central text and writing area.

OUR FAMILY

Family Name: _____

Family Heritage and Ethnicity: _____

Family Religious Beliefs: _____

Family Traditions: _____

Family Holidays and Celebrations: _____

Family Recipes: _____

You are my
SUNSHINE

My only
SUNSHINE

You make me
HAPPY
When skies are gray

You'll never know
DEAR

How much
I LOVE YOU

© Journeys and Dreams

MY BIRTH FAMILY

Birth Father

Name: _____

Date of Birth: _____

Place of Birth: _____

Blood Type: _____

Mother's Maiden Name: _____

Father's name: _____

Race: _____

Ethnicity: _____

Family Origin: _____

Tribal Affiliation: _____

Clan Name: _____

Hair Color: _____ Eye Color: _____

Height: _____ Weight: _____

What I remember about my dad: _____

ATTACH A PHOTO HERE

FAMILY HISTORY:

- ☐ Alcohol or Drug Abuse
- ☐ Anxiety, Depression, Psychiatric Illness
- ☐ Anesthesia Complications
- ☐ Cancer
- ☐ Diabetes

- ☐ Genetic Disorder
- ☐ Heart Disease
- ☐ High Blood Pressure
- ☐ High Cholesterol
- ☐ Liver Disease

- ☐ STD/HIV/AIDS
- ☐ Stroke/TIA
- ☐ Tuberculosis

Other/Notes: _____

OUR FAMILY

My Name: _____

Why You Chose My Name: _____

Origin and Meaning of Family Last Name: _____

BROTHERS

SISTERS

PARENTS

UNCLES AND AUNTS

UNCLES AND AUNTS

GRANDPARENTS

GRANDPARENTS

GREAT-GRANDPARENTS

GREAT-GRANDPARENTS

GREAT-GRANDPARENTS

GREAT-GRANDPARENTS

A decorative border of colorful triangles (dark blue, teal, and yellow) surrounds the central text and writing area.

OUR FAMILY

Family Name: _____

Family Heritage and Ethnicity: _____

Family Religious Beliefs: _____

Family Traditions: _____

Family Holidays and Celebrations: _____

Family Recipes: _____

You are my
SUNSHINE

My only
SUNSHINE

You make me
HAPPY
When skies are gray

You'll never know
DEAR

How much
I LOVE YOU

© Journeys and Dreams

MY BIRTH FAMILY

My Siblings

ATTACH A PHOTO HERE

What I remember about my siblings: _____

Name: _____

Male / Female Brother / Sister Full / Half / Step

Date of Birth: _____

Place of Birth: _____

Hair Color: _____ Eye Color: _____

Height: _____ Weight: _____

Name: _____

Male / Female Brother / Sister Full / Half / Step

Date of Birth: _____

Place of Birth: _____

Hair Color: _____ Eye Color: _____

Height: _____ Weight: _____

Name: _____

Male / Female Brother / Sister Full / Half / Step

Date of Birth: _____

Place of Birth: _____

Hair Color: _____ Eye Color: _____

Height: _____ Weight: _____

Name: _____

Male / Female Brother / Sister Full / Half / Step

Date of Birth: _____

Place of Birth: _____

Hair Color: _____ Eye Color: _____

Height: _____ Weight: _____

You make me
HAPPY
When skies are gray

© Journeys and Dreams

MY BIRTH FAMILY

My Extended Birth Family

ATTACH A PHOTO HERE

[illegible]

BABY MEMORIES

ATTACH THE EARLIEST BABY PHOTO HERE

THE STATS

Name:

Hair Color:

City, State:

Eye Color:

Doctor:

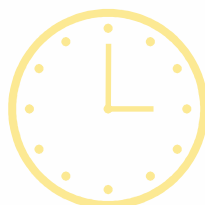
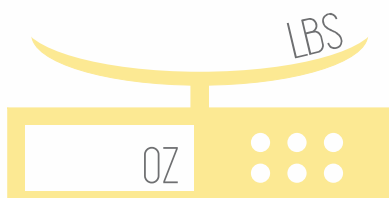
Skin Color:

Hospital:

Blood Type:

FIRST THOUGHTS

WEIGHS



BORN AT
:
AM / PM

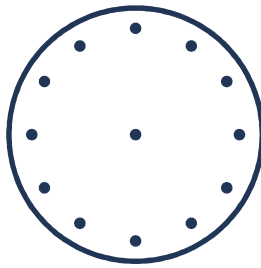
INCHES LONG



ON THE DAY I ARRIVED

CALENDAR DATE:

TIME OF DAY:



:
AM / PM

WEATHER:

National Leaders: _____

World Leaders: _____

Headlines: _____

Popular Entertainers: _____

Popular Songs: _____

Best-Selling Authors: _____

Hit TV Shows: _____

Sports Stars: _____

Fashion Trends: _____

ON THE DAY I ARRIVED

NEWSPAPER CLIPPING

ATTACH A GROCERY
RECEIPT HERE

THE PRICE OF:

A Gallon of Gas: _____

Monthly Rent/Mortgage: _____

A Car: _____

A Movie Ticket: _____

Babysitting (per hour): _____

A Gallon of Milk: _____

A Loaf of Bread: _____

Diapers: _____

A Postage Stamp: _____

BABY'S MILESTONES

Slept through the night: _____

Held head up: _____

Smiled: _____

Reached for an object: _____

Discovered hands: _____

Discovered feet: _____

Laughed: _____

Recognized Mommy: _____

Recognized Daddy: _____

Crawled: _____

Cut a tooth: _____

Rolled Over: _____

Sat alone: _____

Ate solid food: _____

Held a spoon: _____

Stood up: _____

Stood alone: _____

Walked: _____

Waved: _____

Clapped: _____

Hugged: _____

Gave or blew a kiss: _____

Danced: _____

Hair Cut: _____

Favorite songs and lullabies: _____

Favorite toys and games: _____



MONTH

1

Weight: _____

Height: _____

Teeth: _____

What's New _____

Milestones _____

Favorites _____

Family Outings & Activities

MONTH

2

Weight: _____

Height: _____

Teeth: _____

What's New _____

Milestones _____

Favorites _____

Family Outings & Activities

MONTH

3

Weight: _____

Height: _____

Teeth: _____

What's New _____

Milestones _____

Favorites _____

Family Outings & Activities

MONTH

4

Weight: _____

Height: _____

Teeth: _____

What's New _____

Milestones _____

Favorites _____

Family Outings & Activities

© Journeys and Dreams

MONTH

5

Weight: _____

Height: _____

Teeth: _____

What's New _____

Milestones _____

Favorites _____

Family Outings & Activities

MONTH

6

Weight: _____

Height: _____

Teeth: _____

What's New _____

Milestones _____

Favorites _____

Family Outings & Activities

MONTH

7

Weight: _____

Height: _____

Teeth: _____

What's New _____

Milestones _____

Favorites _____

Family Outings & Activities

MONTH

8

Weight: _____

Height: _____

Teeth: _____

What's New _____

Milestones _____

Favorites _____

Family Outings & Activities

© Journeys and Dreams

MONTH

9

Weight: _____

Height: _____

Teeth: _____

What's New _____

Milestones _____

Favorites _____

Family Outings & Activities

MONTH

10

Weight: _____

Height: _____

Teeth: _____

What's New _____

Milestones _____

Favorites _____

Family Outings & Activities

MONTH

11

Weight: _____

Height: _____

Teeth: _____

What's New _____

Milestones _____

Favorites _____

Family Outings & Activities

MONTH

12

Weight: _____

Height: _____

Teeth: _____

What's New _____

Milestones _____

Favorites _____

Family Outings & Activities

© Journeys and Dreams

THE EARLY YEARS

My personality is really developing: _____

Things I do best: _____

Activities I enjoy: _____

My friends: _____

Places I like to go: _____

Things that make me laugh: _____

Things that scare me: _____

My pets: _____

People I like to spend time with: _____

Favorite Words: _____

Favorite Songs: _____

Favorite Books: _____

Favorite Toys: _____

Some bumps and bruises: _____

The ABC's: _____

To Count: _____

My Name: _____

My First Sentences: _____

To Read: _____

To Write: _____

Tie My Shoes: _____

To Ride a 2-Wheeler: _____

To Use the Potty: _____

To Dress Myself: _____

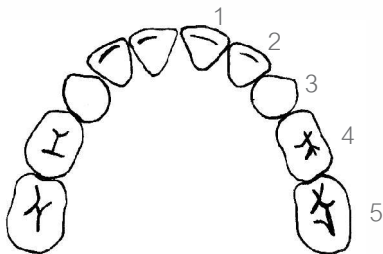


GROWTH CHART

© Journeys and Dreams

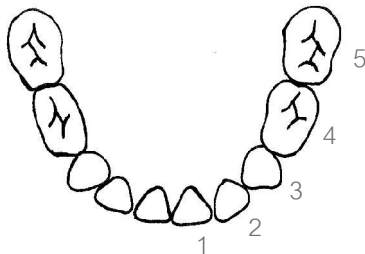
NEWBORN	LENGTH: _____	WEIGHT: _____	DATE: _____
1 MONTH	LENGTH: _____	WEIGHT: _____	DATE: _____
2 MONTHS	LENGTH: _____	WEIGHT: _____	DATE: _____
3 MONTHS	LENGTH: _____	WEIGHT: _____	DATE: _____
4 MONTHS	LENGTH: _____	WEIGHT: _____	DATE: _____
5 MONTHS	LENGTH: _____	WEIGHT: _____	DATE: _____
6 MONTHS	LENGTH: _____	WEIGHT: _____	DATE: _____
7 MONTHS	LENGTH: _____	WEIGHT: _____	DATE: _____
8 MONTHS	LENGTH: _____	WEIGHT: _____	DATE: _____
9 MONTHS	LENGTH: _____	WEIGHT: _____	DATE: _____
10 MONTHS	LENGTH: _____	WEIGHT: _____	DATE: _____
11 MONTHS	LENGTH: _____	WEIGHT: _____	DATE: _____
1 YEAR	LENGTH: _____	WEIGHT: _____	DATE: _____
1.5 YEARS	LENGTH: _____	WEIGHT: _____	DATE: _____
2 YEARS	LENGTH: _____	WEIGHT: _____	DATE: _____
2.5 YEARS	LENGTH: _____	WEIGHT: _____	DATE: _____
3 YEARS	LENGTH: _____	WEIGHT: _____	DATE: _____
3.5 YEARS	LENGTH: _____	WEIGHT: _____	DATE: _____
4 YEARS	LENGTH: _____	WEIGHT: _____	DATE: _____
4.5 YEARS	LENGTH: _____	WEIGHT: _____	DATE: _____
5 YEARS	LENGTH: _____	WEIGHT: _____	DATE: _____
6 YEARS	LENGTH: _____	WEIGHT: _____	DATE: _____
7 YEARS	LENGTH: _____	WEIGHT: _____	DATE: _____
8 YEARS	LENGTH: _____	WEIGHT: _____	DATE: _____
9 YEARS	LENGTH: _____	WEIGHT: _____	DATE: _____
10 YEARS	LENGTH: _____	WEIGHT: _____	DATE: _____
11 YEARS	LENGTH: _____	WEIGHT: _____	DATE: _____
12 YEARS	LENGTH: _____	WEIGHT: _____	DATE: _____
13 YEARS	LENGTH: _____	WEIGHT: _____	DATE: _____
14 YEARS	LENGTH: _____	WEIGHT: _____	DATE: _____
15 YEARS	LENGTH: _____	WEIGHT: _____	DATE: _____
16 YEARS	LENGTH: _____	WEIGHT: _____	DATE: _____
17 YEARS	LENGTH: _____	WEIGHT: _____	DATE: _____
18 YEARS	LENGTH: _____	WEIGHT: _____	DATE: _____

MY TEETH



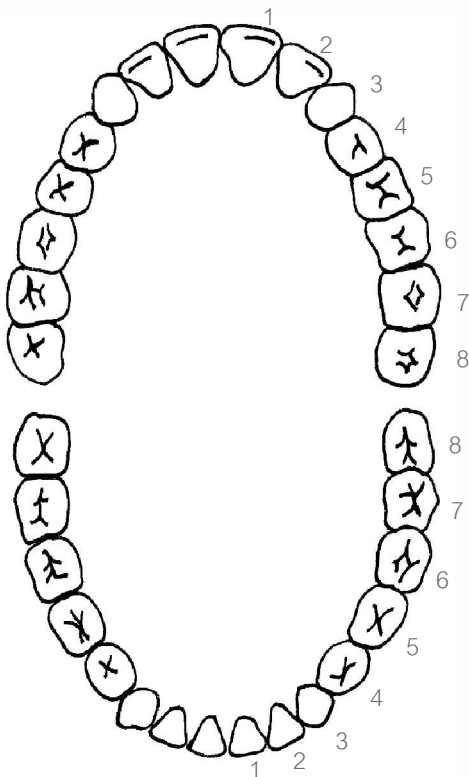
Baby Teeth: Top

#1 CENTRAL INCISOR	Right: _____	Left: _____
#2 LATERAL INCISOR	Right: _____	Left: _____
#3 CANINE (CUSPID)	Right: _____	Left: _____
#4 FIRST MOLAR	Right: _____	Left: _____
#5 SECOND MOLAR	Right: _____	Left: _____



Baby Teeth: Bottom

#1 CENTRAL INCISOR	Right: _____	Left: _____
#2 LATERAL INCISOR	Right: _____	Left: _____
#3 CANINE (CUSPID)	Right: _____	Left: _____
#4 FIRST MOLAR	Right: _____	Left: _____
#5 SECOND MOLAR	Right: _____	Left: _____



Adult Teeth: Top

#1 CENTRAL INCISOR	Right: _____	Left: _____
#2 LATERAL INCISOR	Right: _____	Left: _____
#3 CANINE (CUSPID)	Right: _____	Left: _____
#4 FIRST PREMOLAR	Right: _____	Left: _____
#5 SECOND PREMOLAR	Right: _____	Left: _____
#6 FIRST MOLAR	Right: _____	Left: _____
#7 SECOND MOLAR	Right: _____	Left: _____
#8 THIRD MOLAR	Right: _____	Left: _____

Adult Teeth: Bottom

#1 CENTRAL INCISOR	Right: _____	Left: _____
#2 LATERAL INCISOR	Right: _____	Left: _____
#3 CANINE (CUSPID)	Right: _____	Left: _____
#4 FIRST PREMOLAR	Right: _____	Left: _____
#5 SECOND PREMOLAR	Right: _____	Left: _____
#6 FIRST MOLAR	Right: _____	Left: _____
#7 SECOND MOLAR	Right: _____	Left: _____
#8 THIRD MOLAR	Right: _____	Left: _____

IMMUNIZATIONS

© Journeys and Dreams

Pediatrician: _____ Phone Number: _____ My Blood Type: _____
Office Address: _____ My First Visit: _____

		Date	Reaction
Diphtheria Tetanus Pertussis	} DTaP:	_____	_____
		_____	_____
		_____	_____
		_____	_____
Polio Vaccine	IPV:	_____	_____
		_____	_____
Measles Mumps Rubella	} MMR:	_____	_____
		_____	_____
Haemophilus	HIB:	_____	_____
		_____	_____
Hepatitis B	HepB:	_____	_____
		_____	_____
Pneumococcal Conjugate	PVC:	_____	_____
		_____	_____
Varicella (Chicken Pox):		_____	_____
		_____	_____
Rotavirus	RV:	_____	_____
		_____	_____
Other:		_____	_____
		_____	_____
		_____	_____



FIRST DAY OF SCHOOL

The First School I Attended: _____

My Teacher(s): _____

My Principal: _____

How I Felt Before School: _____

How I Felt After School: _____

Friends I Made: _____

New Things I Learned: _____

My Favorite Part of the Day: _____

ATTACH PHOTOS HERE

GRADE

K

School Name: _____

School Address: _____

Teacher(s): _____

Principal: _____

Vice Principal: _____

Favorite Subject: _____

Most Challenging Subject: _____

Achievements: _____

Extra Curricular Activities: _____

Best Friends: _____

Memories: _____

© Journeys and Dreams

GRADE

1

School Name: _____

School Address: _____

Teacher(s): _____

Principal: _____

Vice Principal: _____

Favorite Subject: _____

Most Challenging Subject: _____

Achievements: _____

Extra Curricular Activities: _____

Best Friends: _____

Memories: _____

© Journeys and Dreams

GRADE 2

School Name: _____

School Address: _____

Teacher(s): _____

Principal: _____

Vice Principal: _____

Favorite Subject: _____

Most Challenging Subject: _____

Achievements: _____

Extra Curricular Activities: _____

Best Friends: _____

Memories: _____

GRADE 3

School Name: _____

School Address: _____

Teacher(s): _____

Principal: _____

Vice Principal: _____

Favorite Subject: _____

Most Challenging Subject: _____

Achievements: _____

Extra Curricular Activities: _____

Best Friends: _____

Memories: _____

GRADE

4

School Name: _____

School Address: _____

Teacher(s): _____

Principal: _____

Vice Principal: _____

Favorite Subject: _____

Most Challenging Subject: _____

Achievements: _____

Extra Curricular Activities: _____

Best Friends: _____

Memories: _____

© Journeys and Dreams

GRADE

5

School Name: _____

School Address: _____

Teacher(s): _____

Principal: _____

Vice Principal: _____

Favorite Subject: _____

Most Challenging Subject: _____

Achievements: _____

Extra Curricular Activities: _____

Best Friends: _____

Memories: _____

© Journeys and Dreams

GRADE

6

School Name: _____

School Address: _____

Teacher(s): _____

Principal: _____

Vice Principal: _____

Favorite Subject: _____

Most Challenging Subject: _____

Achievements: _____

Extra Curricular Activities: _____

Best Friends: _____

Memories: _____

© Journeys and Dreams

GRADE 7

School Name: _____

School Address: _____

Teacher(s): _____

Principal: _____

Vice Principal: _____

Favorite Subject: _____

Most Challenging Subject: _____

Achievements: _____

Extra Curricular Activities: _____

Best Friends: _____

Memories: _____

GRADE

8

School Name: _____

School Address: _____

Teacher(s): _____

Principal: _____

Vice Principal: _____

Favorite Subject: _____

Most Challenging Subject: _____

Achievements: _____

Extra Curricular Activities: _____

Best Friends: _____

Memories: _____

© Journeys and Dreams

GRADE 9

School Name: _____

School Address: _____

Teacher(s): _____

Principal: _____

Vice Principal: _____

Favorite Subject: _____

Most Challenging Subject: _____

Achievements: _____

Extra Curricular Activities: _____

Best Friends: _____

Memories: _____

GRADE 10

School Name: _____

School Address: _____

Teacher(s): _____

Principal: _____

Vice Principal: _____

Favorite Subject: _____

Most Challenging Subject: _____

Achievements: _____

Extra Curricular Activities: _____

Best Friends: _____

Memories: _____

GRADE 11

School Name: _____

School Address: _____

Teacher(s): _____

Principal: _____

Vice Principal: _____

Favorite Subject: _____

Most Challenging Subject: _____

Achievements: _____

Extra Curricular Activities: _____

Best Friends: _____

Memories: _____

GRADE 12

School Name: _____

School Address: _____

Teacher(s): _____

Principal: _____

Vice Principal: _____

Favorite Subject: _____

Most Challenging Subject: _____

Achievements: _____

Extra Curricular Activities: _____

Best Friends: _____

Memories: _____

HIGH SCHOOL PRIDE

CLASS OF 20____

Our school colors were _____

Our school mascot was _____

When I graduate I want to _____

Someday I want to work as a _____ because _____

I want to change the world by _____

My hopes and dreams: _____

ATTACH PHOTOS HERE

FIRST SCHOOL DANCE

ATTACH PHOTOS HERE

I went to my first dance with _____
_____ on the night of _____

Funny moments from the night: _____

Popular songs: _____

Fun dances: _____

My memories from the night: _____

HIGH SCHOOL PROM

ATTACH PHOTOS HERE

I went to prom with _____
_____ on the night of _____

The theme was _____

Friends we met up with: _____

We drove there in _____

We went to dinner at _____

Popular songs: _____

Fun dances: _____

My memories from the night: _____

Prom King: _____ Prom Queen: _____



LEARNING TO DRIVE

ATTACH PHOTOS HERE

The car I learned to drive in: _____

My first car: _____

Date I got a driver's permit: _____

Date I got a driver's license: _____

First place I drove to by myself: _____

People that taught me to drive: _____

My favorite part about driving: _____

My least favorite part about driving: _____

ATTACH PHOTOS HERE



MY FIRST JOB

Date I started: _____

Last day on the job: _____

Where I worked: _____

My position: _____

Memories: _____

ATTACH PHOTOS HERE

EXTRA CURRICULARS

ATTACH PHOTOS HERE

Details and Memories: _____



EXTRA CURRICULARS

ATTACH PHOTOS HERE

Details and Memories: _____



EXTRA CURRICULARS

ATTACH PHOTOS HERE

Details and Memories: _____

ACHIEVEMENTS AND AWARDS

ATTACH PHOTOS HERE



SPORTS I PLAYED

ATTACH PHOTOS HERE

Sport I played: _____

Position(s) I played: _____

Dates I Played: _____

Coach: _____

Assistant Coach: _____

Teammates: _____

My Stats: _____

Other Details and Memories: _____



IMPORTANT HOLIDAYS

ATTACH PHOTOS HERE

ATTACH PHOTOS HERE



MEMORIES

ATTACH PHOTOS HERE



MEMORIES

ATTACH PHOTOS HERE

MEMORIES

ATTACH PHOTOS HERE



MEMORIES

ATTACH PHOTOS HERE



MEMORIES

ATTACH PHOTOS HERE

You make me
HAPPY
When skies are gray

© Journeys and Dreams

MEMORIES

ATTACH PHOTOS HERE

MEMORIES

ATTACH PHOTOS HERE

life book

PAGES





life book

PAGES

© Journeys and Dreams

A vibrant watercolor floral wreath is centered on a solid black background. The wreath is composed of various flowers, including large pink and red peonies, smaller blue and purple blossoms, and green foliage. A white diamond-shaped frame is superimposed over the center of the wreath, containing the text 'life book' in a pink script font and 'PAGES' in a teal sans-serif font below it.

life book

PAGES

© Journeys and Dreams



my life Story

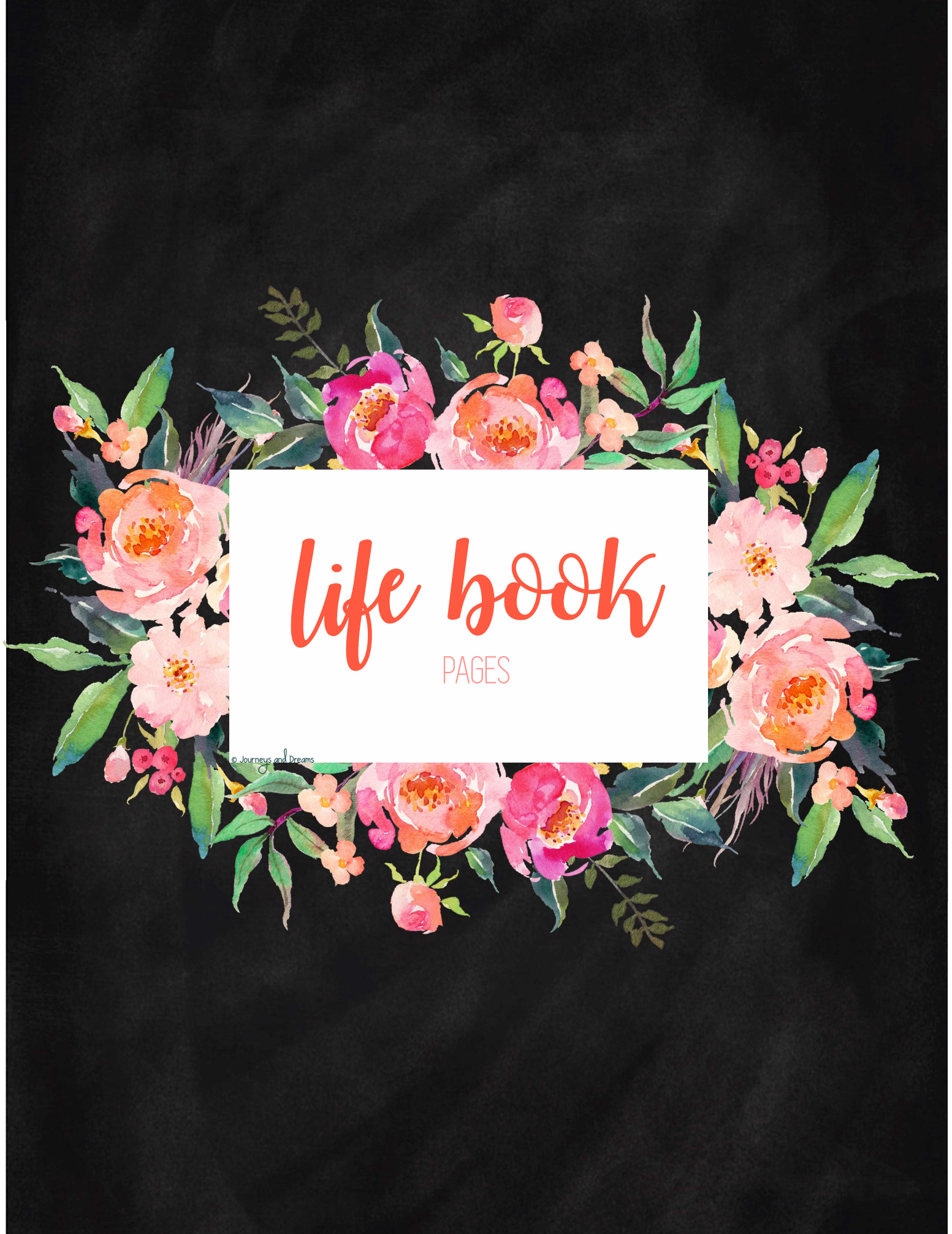
© Journeys and Dreams





my life Story


© Journeys and Dreams



life book

PAGES

© Journeys and Dreams

A circular graphic featuring a black, textured center. Surrounding this center is a delicate floral wreath composed of various flowers, including pink and white blossoms, and green foliage. The words "life" and "book" are written in a white, cursive script across the black center.

life book

© Journals and Dreams



2 inch Binder Spine



etsy.com/shop/JOURNEYSandDREAMS

2 inch Binder Spine

Use cut lines as a guide to print an 8x10in sign.
Cover is best printed on thick paper such as cardstock.

DESIGNS FROM @Journeys and Dreams MAY NOT BE SHARED, DISTRIBUTED, OR SOLD OUTSIDE OF @Journeys and Dreams SHOP. THIS PRINTABLE IS FOR PERSONAL USE ONLY AND CAN ONLY BE PRINTED BY THE PURCHASER. COLORS MAY SHIFT DEPENDING ON YOUR INDIVIDUAL SCREEN AND PRINTER.



Life book

PAGES

LIFE BOOK PAGES

LIFE BOOK PAGES



2 inch Binder Spine

etsy.com/shop/JOURNEYSandDREAMS

Use cut lines as a guide to print an 8x10in sign.
Cover is best printed on thick paper such as cardstock.

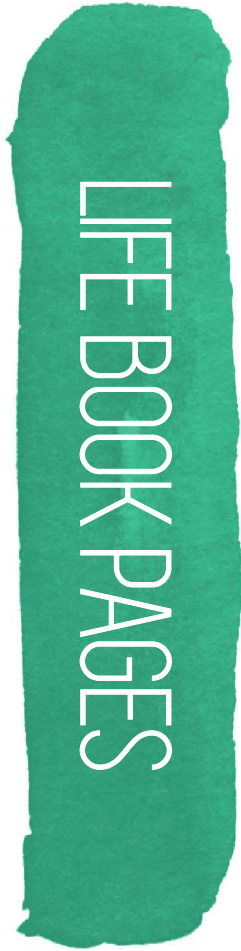


2 inch Binder Spine

DESIGNS FROM @Journeys and Dreams MAY NOT BE SHARED, DISTRIBUTED, OR SOLD OUTSIDE OF @Journeys and Dreams SHOP. THIS PRINTABLE IS FOR PERSONAL USE ONLY AND CAN ONLY BE PRINTED BY THE PURCHASER. COLORS MAY SHIFT DEPENDING ON YOUR INDIVIDUAL SCREEN AND PRINTER.



LIFE BOOK PAGES



LIFE BOOK PAGES



life book

PAGES



LIFE BOOK PAGES



LIFE BOOK PAGES



life book

PAGES



CHILD IDENTIFICATION FORM

FULL NAME: _____

NICKNAME: _____ DATE FORM FILLED OUT: _____

A large, empty rectangular box with a green border, intended for a child's photograph.

Birth Date: _____

Height: _____

Weight: _____

Hair Color: _____

Eye Color: _____

Blood Type: _____

Race: _____

Identifying Marks (birthmarks, scars, etc.):

DATE OF PHOTO: _____ ☐ Male ☐ Female ☐ Glasses ☐ Braces

LEFT LITTLE	LEFT RING	LEFT MIDDLE	LEFT INDEX	LEFT THUMB
RIGHT THUMB	RIGHT INDEX	RIGHT MIDDLE	RIGHT RING	RIGHT LITTLE

Allergies: _____

Medical Conditions: _____

Medications: _____



© Journeys and Dreams

your first day here

Your Social Workers (while you were here)

Name: _____

Name: _____

Name: _____

Social Service Agency

Name: _____

Phone: _____

Address: _____



Date: _____ Time: _____

Time(s) in Foster Care: _____

Our Family: _____

Your Family: _____

You came here because: _____

You weighed _____ You were _____ tall

ATTACH A PHOTO HERE

Notes

Age: _____ Grade: _____ Date: _____



FOSTER PARENTS

thoughts and memories

© Journeys and Dreams



Name: _____ Date of Birth: _____

The day you arrived, we _____

One thing we will never forget is _____

Something funny you said/did while you were here _____

What sometimes made you sad or angry was _____

What usually made you smile or laugh was _____

The most difficult time was _____

We felt most proud of you when _____

The most special thing about you is _____

We hope you continue to _____



ATTACH A PHOTO HERE

[illegible]



Special Holidays for Our Family: _____

Some of our Family Traditions: _____

My First Family Celebration: _____

Friends and Family who were there: _____

ATTACH A PHOTO HERE



Foster Mother

Name: _____

Race/Ethnicity: _____

Hair Color: _____ Eye Color: _____

What I remember about my foster mom: _____

ATTACH A PHOTO HERE

Our favorite things to do together: _____

Memories we share: _____

Something important she taught me: _____

What she wants me to remember: _____



Foster Father

Name: _____

Race/Ethnicity: _____

Hair Color: _____ Eye Color: _____

What I remember about my foster dad: _____

ATTACH A PHOTO HERE

Our favorite things to do together: _____

Memories we share: _____

Something important he taught me: _____

What he wants me to remember: _____



ATTACH A PHOTO HERE

Name: _____	Brother/Sister	Name: _____	Brother/Sister
Name: _____	Brother/Sister	Name: _____	Brother/Sister
Name: _____	Brother/Sister	Name: _____	Brother/Sister
Name: _____	Brother/Sister	Name: _____	Brother/Sister

What I remember about my foster siblings: _____

Our favorite things to do together: _____

Memories we share together: _____

Other things I want to remember: _____



My Extended Foster Family

ATTACH A PHOTO HERE

[illegible]



ATTACH A PHOTO HERE

[illegible]



Special Holidays for Our Family: _____

Some of our Family Traditions: _____

My First Family Celebration: _____

Friends and Family who were there: _____

ATTACH A PHOTO HERE



Adoptive Mother

Name: _____

Date of Birth: _____

Place of Birth: _____

Hair Color: _____ Eye Color: _____

Blood Type: _____

Mother's Maiden Name: _____

Father's Name: _____

Race: _____

Ethnicity: _____

Family Origin: _____

Tribal Affiliation: _____

Clan Name: _____

ATTACH A PHOTO HERE

My mom's first thoughts about me: _____

My mom's memories of my first days home: _____



Adoptive Father

Name: _____

Date of Birth: _____

Place of Birth: _____

Hair Color: _____ Eye Color: _____

Blood Type: _____

Mother's Maiden Name: _____

Father's Name: _____

ATTACH A PHOTO HERE

Race: _____

Ethnicity: _____

Family Origin: _____

Tribal Affiliation: _____

Clan Name: _____

My dad's first thoughts about me: _____

My dad's memories of my first days home: _____



My Adoptive Siblings

ATTACH A PHOTO HERE

Name: _____ Brother/Sister Name: _____ Brother/Sister
Name: _____ Brother/Sister Name: _____ Brother/Sister

Our first days together: _____

What I first thought about them: _____

What they first thought about me: _____

Our first fun day together: _____



My Adoptive Extended Family

ATTACH A PHOTO HERE

Notes: _____



OUR FAMILY

My Name: _____

Why You Chose My Name: _____

Origin and Meaning of Family Last Name: _____

BROTHERS

SISTERS

PARENTS

UNCLES AND AUNTS

UNCLES AND AUNTS

GRANDPARENTS

GRANDPARENTS

GREAT-GRANDPARENTS

GREAT-GRANDPARENTS

GREAT-GRANDPARENTS

GREAT-GRANDPARENTS

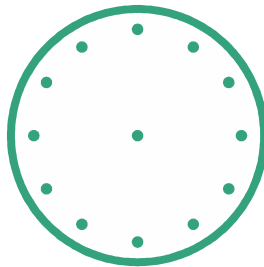


adoption day

CALENDAR DATE:

TIME OF DAY:

WEATHER:



:
AM / PM

MY NEW NAME:

THE JUDGE + LEGAL TEAM:

FAMILY + FRIENDS WHO CAME:

adoption day



ATTACH PHOTOS HERE

pictures of me



adoption day

ATTACH PHOTOS HERE

pictures of me



BIRTH CERTIFICATE

ATTACH BIRTH CERTIFICATE HERE
BEST IF PUT IN A SHEET PROTECTOR



HANDPRINTS

Date: _____



FOOTPRINTS

Date: _____



Birth Mother

Name: _____

Date of Birth: _____

Place of Birth: _____

Blood Type: _____

Mother's Maiden Name: _____

Father's Name: _____

Race: _____

Ethnicity: _____

Family Origin: _____

Tribal Affiliation: _____

Clan Name: _____

ATTACH A PHOTO HERE

Hair Color: _____ Eye Color: _____

Height: _____ Weight: _____

What I remember about my mom: _____

FAMILY HISTORY:

☐ Alcohol or Drug Abuse

☐ Anxiety, Depression,
Psychiatric Illness

☐ Anesthesia Complications

☐ Cancer

☐ Diabetes

☐ Genetic Disorder

☐ Heart Disease

☐ High Blood Pressure

☐ High Cholesterol

☐ Liver Disease

☐ STD/HIV/AIDS

☐ Stroke/TIA

☐ Tuberculosis

Other/Notes: _____



OUR FAMILY

My Name: _____

Why You Chose My Name: _____

Origin and Meaning of Family Last Name: _____

BROTHERS

SISTERS

PARENTS

UNCLES AND AUNTS

UNCLES AND AUNTS

GRANDPARENTS

GRANDPARENTS

GREAT-GRANDPARENTS

GREAT-GRANDPARENTS

GREAT-GRANDPARENTS

GREAT-GRANDPARENTS



OUR FAMILY

Family Name: _____

Family Heritage and Ethnicity: _____

Family Religious Beliefs: _____

Family Traditions: _____

Family Holidays and Celebrations: _____

Family Recipes: _____



Birth Father

Name: _____

Date of Birth: _____

Place of Birth: _____

Blood Type: _____

Mother's Maiden Name: _____

Father's Name: _____

Race: _____

Ethnicity: _____

Family Origin: _____

Tribal Affiliation: _____

Clan Name: _____

Hair Color: _____ Eye Color: _____

Height: _____ Weight: _____

What I remember about my dad: _____

ATTACH A PHOTO HERE

FAMILY HISTORY:

☐ Alcohol or Drug Abuse

☐ Anxiety, Depression,
Psychiatric Illness

☐ Anesthesia Complications

☐ Cancer

☐ Diabetes

☐ Genetic Disorder

☐ Heart Disease

☐ High Blood Pressure

☐ High Cholesterol

☐ Liver Disease

☐ STD/HIV/AIDS

☐ Stroke/TIA

☐ Tuberculosis

Other/Notes: _____



OUR FAMILY

My Name: _____

Why You Chose My Name: _____

Origin and Meaning of Family Last Name: _____

BROTHERS

SISTERS

PARENTS

UNCLES AND AUNTS

GRANDPARENTS

GREAT-GRANDPARENTS

GREAT-GRANDPARENTS

UNCLES AND AUNTS

GRANDPARENTS

GREAT-GRANDPARENTS

GREAT-GRANDPARENTS



OUR FAMILY

Family Name: _____

Family Heritage and Ethnicity: _____

Family Religious Beliefs: _____

Family Traditions: _____

Family Holidays and Celebrations: _____

Family Recipes: _____



My Birth Siblings

ATTACH A PHOTO HERE

What I remember about my siblings: _____

Name: _____

Male / Female Brother / Sister Full / Half / Step

Date of Birth: _____

Place of Birth: _____

Hair Color: _____ Eye Color: _____

Height: _____ Weight: _____

Name: _____

Male / Female Brother / Sister Full / Half / Step

Date of Birth: _____

Place of Birth: _____

Hair Color: _____ Eye Color: _____

Height: _____ Weight: _____

Name: _____

Male / Female Brother / Sister Full / Half / Step

Date of Birth: _____

Place of Birth: _____

Hair Color: _____ Eye Color: _____

Height: _____ Weight: _____

Name: _____

Male / Female Brother / Sister Full / Half / Step

Date of Birth: _____

Place of Birth: _____

Hair Color: _____ Eye Color: _____

Height: _____ Weight: _____



My Extended Birth Family

ATTACH A PHOTO HERE

[illegible]



ATTACH THE EARLIEST BABY PHOTO HERE

THE STATS

Name:

City, State:

Doctor:

Hospital:

Hair Color:

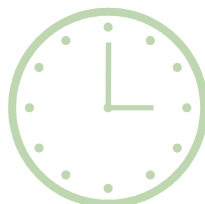
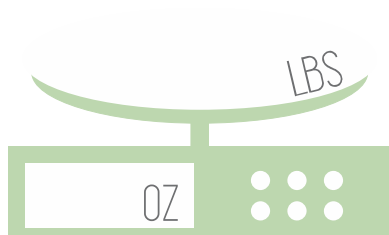
Eye Color:

Skin Color:

Blood Type:

FIRST THOUGHTS

WEIGHS



BORN AT

:

AM / PM

INCHES LONG





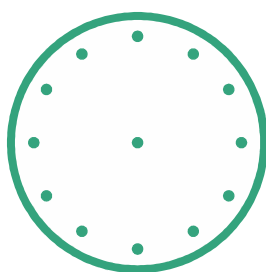
On The day I ARRIVED



CALENDAR DATE:

TIME OF DAY:

WEATHER:



:
AM / PM

National Leaders: _____

World Leaders: _____

Headlines: _____

Popular Entertainers: _____

Popular Songs: _____

Best-Selling Authors: _____

Hit TV Shows: _____

Sports Stars: _____

Fashion Trends: _____



On The day I ARRIVED



NEWSPAPER CLIPPING

ATTACH A GROCERY
RECEIPT HERE

THE PRICE OF:

A Gallon of Gas: _____

Monthly Rent/Mortgage: _____

A Car: _____

A Movie Ticket: _____

Babysitting (per hour): _____

A Gallon of Milk: _____

A Loaf of Bread: _____

Diapers: _____

A Postage Stamp: _____

baby's milestones

Slept through the night: _____

Held head up: _____

Smiled: _____

Reached for an object: _____

Discovered hands: _____

Discovered feet: _____

Laughed: _____

Recognized Mommy: _____

Recognized Daddy: _____

Crawled: _____

Cut a tooth: _____

Rolled Over: _____

Sat alone: _____

Ate solid food: _____

Held a spoon: _____

Stood up: _____

Stood alone: _____

Walked: _____

Waved: _____

Clapped: _____

Hugged: _____

Gave or blew a kiss: _____

Danced: _____

Hair Cut: _____

Favorite songs and lullabies: _____

Favorite toys and games: _____

month 1



WEIGHT: _____

HEIGHT: _____

TEETH: _____

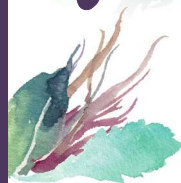
What's New _____

Milestones _____

Favorites _____

family outings & activities

month 2



WEIGHT: _____

HEIGHT: _____

TEETH: _____

What's New _____

Milestones _____

Favorites _____

family outings & activities

month 3



WEIGHT: _____

HEIGHT: _____

TEETH: _____

What's New _____

Milestones _____

Favorites _____

family outings & activities

month 4



WEIGHT: _____

HEIGHT: _____

TEETH: _____

What's New _____

Milestones _____

Favorites _____

family outings & activities

month 5



WEIGHT: _____

HEIGHT: _____

TEETH: _____

What's New _____

Milestones _____

Favorites _____

family outings & activities

month 6



WEIGHT: _____

HEIGHT: _____

TEETH: _____

What's New _____

Milestones _____

Favorites _____

family outings & activities

month 7



WEIGHT: _____

HEIGHT: _____

TEETH: _____

What's New _____

Milestones _____

Favorites _____

family outings & activities

month 8



WEIGHT: _____

HEIGHT: _____

TEETH: _____

What's New _____

Milestones _____

Favorites _____

family outings & activities

month
9

What's New

WEIGHT: _____

HEIGHT: _____

TEETH: _____

Milestones

Favorites

family outings & activities

month
10

What's New

WEIGHT: _____

HEIGHT: _____

TEETH: _____

Milestones

Favorites

family outings & activities

month
11

What's New

WEIGHT: _____

HEIGHT: _____

TEETH: _____

Milestones

Favorites

family outings & activities

month
12

What's New

WEIGHT: _____

HEIGHT: _____

TEETH: _____

Milestones

Favorites

family outings & activities

THE EARLY YEARS

My personality is really developing: _____

Things I do best: _____

Activities I enjoy: _____

My friends: _____

Places I like to go: _____

Things that make me laugh: _____

Things that scare me: _____

My pets: _____

People I like to spend time with: _____

Favorite Words: _____

Favorite Songs: _____

Favorite Books: _____

Favorite Toys: _____

Some bumps and bruises: _____

The ABC's: _____

To Count: _____

My Name: _____

My First Sentences: _____

To Read: _____

To Write: _____

Tie My Shoes: _____

To Ride a 2-Wheeler: _____

To Use the Potty: _____

To Dress Myself: _____





GROWTH CHART



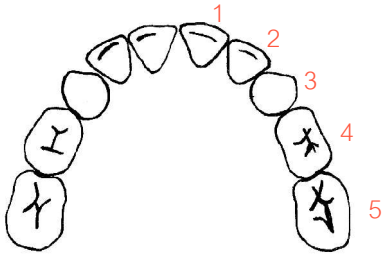
© Joanne and Dreams

NEWBORN	LENGTH: _____	WEIGHT: _____	DATE: _____
1 MONTH	LENGTH: _____	WEIGHT: _____	DATE: _____
2 MONTHS	LENGTH: _____	WEIGHT: _____	DATE: _____
3 MONTHS	LENGTH: _____	WEIGHT: _____	DATE: _____
4 MONTHS	LENGTH: _____	WEIGHT: _____	DATE: _____
5 MONTHS	LENGTH: _____	WEIGHT: _____	DATE: _____
6 MONTHS	LENGTH: _____	WEIGHT: _____	DATE: _____
7 MONTHS	LENGTH: _____	WEIGHT: _____	DATE: _____
8 MONTHS	LENGTH: _____	WEIGHT: _____	DATE: _____
9 MONTHS	LENGTH: _____	WEIGHT: _____	DATE: _____
10 MONTHS	LENGTH: _____	WEIGHT: _____	DATE: _____
11 MONTHS	LENGTH: _____	WEIGHT: _____	DATE: _____
1 YEAR	LENGTH: _____	WEIGHT: _____	DATE: _____
1.5 YEARS	LENGTH: _____	WEIGHT: _____	DATE: _____
2 YEARS	LENGTH: _____	WEIGHT: _____	DATE: _____
2.5 YEARS	LENGTH: _____	WEIGHT: _____	DATE: _____
3 YEARS	LENGTH: _____	WEIGHT: _____	DATE: _____
3.5 YEARS	LENGTH: _____	WEIGHT: _____	DATE: _____
4 YEARS	LENGTH: _____	WEIGHT: _____	DATE: _____
4.5 YEARS	LENGTH: _____	WEIGHT: _____	DATE: _____
5 YEARS	LENGTH: _____	WEIGHT: _____	DATE: _____
6 YEARS	LENGTH: _____	WEIGHT: _____	DATE: _____
7 YEARS	LENGTH: _____	WEIGHT: _____	DATE: _____
8 YEARS	LENGTH: _____	WEIGHT: _____	DATE: _____
9 YEARS	LENGTH: _____	WEIGHT: _____	DATE: _____
10 YEARS	LENGTH: _____	WEIGHT: _____	DATE: _____
11 YEARS	LENGTH: _____	WEIGHT: _____	DATE: _____
12 YEARS	LENGTH: _____	WEIGHT: _____	DATE: _____
13 YEARS	LENGTH: _____	WEIGHT: _____	DATE: _____
14 YEARS	LENGTH: _____	WEIGHT: _____	DATE: _____
15 YEARS	LENGTH: _____	WEIGHT: _____	DATE: _____
16 YEARS	LENGTH: _____	WEIGHT: _____	DATE: _____
17 YEARS	LENGTH: _____	WEIGHT: _____	DATE: _____
18 YEARS	LENGTH: _____	WEIGHT: _____	DATE: _____





My Teeth

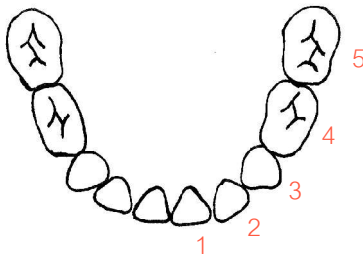


Baby Teeth: Top

- #1 CENTRAL INCISOR
- #2 LATERAL INCISOR
- #3 CANINE (CUSPID)
- #4 FIRST MOLAR
- #5 SECOND MOLAR

Right: _____
Right: _____
Right: _____
Right: _____
Right: _____

Left: _____
Left: _____
Left: _____
Left: _____
Left: _____

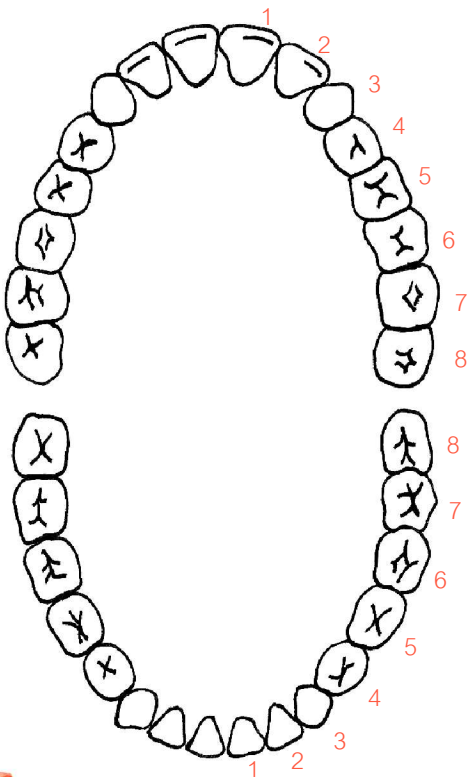


Baby Teeth: Bottom

- #1 CENTRAL INCISOR
- #2 LATERAL INCISOR
- #3 CANINE (CUSPID)
- #4 FIRST MOLAR
- #5 SECOND MOLAR

Right: _____
Right: _____
Right: _____
Right: _____
Right: _____

Left: _____
Left: _____
Left: _____
Left: _____
Left: _____

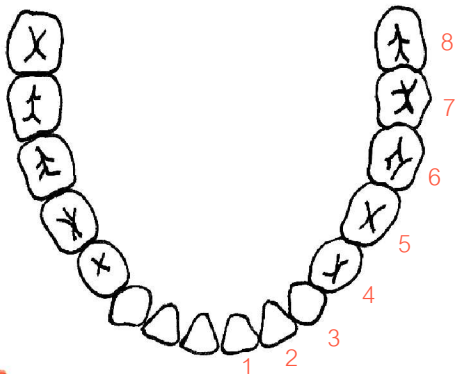


Adult Teeth: Top

- #1 CENTRAL INCISOR
- #2 LATERAL INCISOR
- #3 CANINE (CUSPID)
- #4 FIRST PREMOLAR
- #5 SECOND PREMOLAR
- #6 FIRST MOLAR
- #7 SECOND MOLAR
- #8 THIRD MOLAR

Right: _____
Right: _____
Right: _____
Right: _____
Right: _____
Right: _____
Right: _____
Right: _____

Left: _____
Left: _____
Left: _____
Left: _____
Left: _____
Left: _____
Left: _____
Left: _____



Adult Teeth: Bottom

- #1 CENTRAL INCISOR
- #2 LATERAL INCISOR
- #3 CANINE (CUSPID)
- #4 FIRST PREMOLAR
- #5 SECOND PREMOLAR
- #6 FIRST MOLAR
- #7 SECOND MOLAR
- #8 THIRD MOLAR

Right: _____
Right: _____
Right: _____
Right: _____
Right: _____
Right: _____
Right: _____
Right: _____

Left: _____
Left: _____
Left: _____
Left: _____
Left: _____
Left: _____
Left: _____
Left: _____





IMMUNIZATIONS

Pediatrician: _____ Phone Number: _____ My Blood Type: _____
 Office Address: _____ My First Visit: _____

		Date	Reaction
Diphtheria Tetanus Pertussis	DTaP:		
Polio Vaccine	IPV:		
Measles Mumps Rubella	MMR:		
Haemophilus	HIB:		
Hepatitis B	HepB:		
Pneumococcal Conjugate	PVC:		
Varicella (Chicken Pox):			
Rotavirus	RV:		
Other:			



FIRST DAY OF SCHOOL

© Journeys and Dreams



The First School I Attended: _____

My Teacher(s): _____

My Principal: _____

How I Felt Before School: _____

How I Felt After School: _____

Friends I Made: _____

New Things I Learned: _____

My Favorite Part of the Day: _____

ATTACH PHOTOS HERE



School Name: _____

School Address: _____

Teacher(s): _____

Principal: _____

Vice Principal: _____

Favorite Subject: _____

Most Challenging Subject: _____

Achievements: _____

Extra Curricular Activities: _____

Best Friends: _____

Memories: _____





School Name: _____

School Address: _____

Teacher(s): _____

Principal: _____

Vice Principal: _____

Favorite Subject: _____

Most Challenging Subject: _____

Achievements: _____

Extra Curricular Activities: _____

Best Friends: _____

Memories: _____





School Name: _____

School Address: _____

Teacher(s): _____

Principal: _____

Vice Principal: _____

Favorite Subject: _____

Most Challenging Subject: _____

Achievements: _____

Extra Curricular Activities: _____

Best Friends: _____

Memories: _____





School Name: _____

School Address: _____

Teacher(s): _____

Principal: _____

Vice Principal: _____

Favorite Subject: _____

Most Challenging Subject: _____

Achievements: _____

Extra Curricular Activities: _____

Best Friends: _____

Memories: _____





School Name: _____

School Address: _____

Teacher(s): _____

Principal: _____

Vice Principal: _____

Favorite Subject: _____

Most Challenging Subject: _____

Achievements: _____

Extra Curricular Activities: _____

Best Friends: _____

Memories: _____





School Name: _____

School Address: _____

Teacher(s): _____

Principal: _____

Vice Principal: _____

Favorite Subject: _____

Most Challenging Subject: _____

Achievements: _____

Extra Curricular Activities: _____

Best Friends: _____

Memories: _____





School Name: _____

School Address: _____

Teacher(s): _____

Principal: _____

Vice Principal: _____

Favorite Subject: _____

Most Challenging Subject: _____

Achievements: _____

Extra Curricular Activities: _____

Best Friends: _____

Memories: _____





School Name: _____

School Address: _____

Teacher(s): _____

Principal: _____

Vice Principal: _____

Favorite Subject: _____

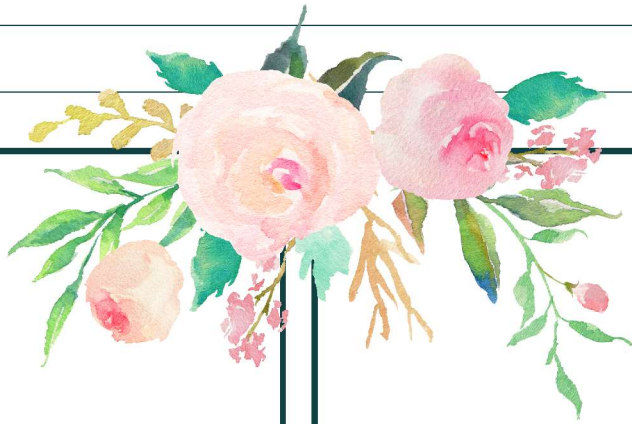
Most Challenging Subject: _____

Achievements: _____

Extra Curricular Activities: _____

Best Friends: _____

Memories: _____

A floral decoration featuring pink and orange roses, green leaves, and small pink flowers, positioned at the top center of the form.

--	--



School Name: _____

School Address: _____

Teacher(s): _____

Principal: _____

Vice Principal: _____

Favorite Subject: _____

Most Challenging Subject: _____

Achievements: _____

Extra Curricular Activities: _____

Best Friends: _____

Memories: _____





School Name: _____

School Address: _____

Teacher(s): _____

Principal: _____

Vice Principal: _____

Favorite Subject: _____

Most Challenging Subject: _____

Achievements: _____

Extra Curricular Activities: _____

Best Friends: _____

Memories: _____





School Name: _____

School Address: _____

Teacher(s): _____

Principal: _____

Vice Principal: _____

Favorite Subject: _____

Most Challenging Subject: _____

Achievements: _____

Extra Curricular Activities: _____

Best Friends: _____

Memories: _____





School Name: _____

School Address: _____

Teacher(s): _____

Principal: _____

Vice Principal: _____

Favorite Subject: _____

Most Challenging Subject: _____

Achievements: _____

Extra Curricular Activities: _____

Best Friends: _____

Memories: _____





School Name: _____

School Address: _____

Teacher(s): _____

Principal: _____

Vice Principal: _____

Favorite Subject: _____


Most Challenging Subject: _____

Achievements: _____

Extra Curricular Activities: _____

Best Friends: _____

Memories: _____



--	--



HIGH SCHOOL PRIDE

CLASS OF 20____

Our school colors were _____

Our school mascot was _____

When I graduate I want to _____

Someday I want to work as a _____ because _____

I want to change the world by _____

My hopes and dreams: _____

ATTACH PHOTOS HERE



FIRST SCHOOL DANCE



ATTACH PHOTOS HERE

I went to my first dance with _____
_____ on the night of _____

Funny moments from the night: _____

Popular songs: _____

Fun dances: _____

My memories from the night: _____



ATTACH PHOTOS HERE

I went to prom with _____
_____ on the night of _____

The theme was _____

Friends we met up with: _____

We drove there in _____

We went to dinner at _____

Popular songs: _____

Fun dances: _____

My memories from the night: _____

Prom King: _____ Prom Queen: _____

LEARNING TO DRIVE

ATTACH PHOTOS HERE

The car I learned to drive in: _____

My first car: _____

Date I got a driver's permit: _____

Date I got a driver's license: _____

First place I drove to by myself: _____

People that taught me to drive: _____

My favorite part about driving: _____

My least favorite part about driving: _____

ATTACH PHOTOS HERE



MY FIRST JOB

ATTACH PHOTOS HERE

Date I started: _____

Where I worked: _____

My position: _____

Memories: _____



EXTRA CURRICULARS

ATTACH PHOTOS HERE

Details and Memories: _____



ATTACH PHOTOS HERE

Details and Memories: _____



extra curriculars

ATTACH PHOTOS HERE

Details and Memories: _____



ACHIEVEMENTS AND AWARDS

in Journals and Diaries



ATTACH PHOTOS HERE

Details and Memories: _____



ATTACH PHOTOS HERE

Sport I played: _____

Position(s) I played: _____

Dates I Played: _____

Coach: _____

Assistant Coach: _____

Teammates: _____

My Stats: _____

Other Details and Memories: _____

Sports I played

ATTACH PHOTOS HERE

Sport I played: _____

Position(s) I played: _____

Dates I Played: _____

Coach: _____

Assistant Coach: _____

Teammates: _____

My Stats: _____

Other Details and Memories: _____

IMPORTANT HOLIDAYS

ATTACH PHOTOS HERE





IMPORTANT HOLIDAYS

© Journey and Dreams

ATTACH PHOTOS HERE



ATTACH PHOTOS HERE



FUN FAMILY CELEBRATIONS

© Journeys and Dreams



ATTACH PHOTOS HERE



fun celebrations

ATTACH PHOTOS HERE



ATTACH PHOTOS HERE



MEMORIES

ATTACH PHOTOS HERE



ATTACH PHOTOS HERE



ATTACH PHOTOS HERE



ATTACH PHOTOS HERE



ATTACH PHOTOS HERE



ATTACH PHOTOS HERE
