

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



2 inch Binder Spine

SoJourneys and dreams

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

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2 inch Binder Spine





DESIGNS FROM & LOLD THE DURCHASER, DISTRIBUTED, OR SOLD OUTSIDE OF SOLD OUTSIDE OUTSID

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.



2 inch Binder Spine

## CHILD IDENTIFICATION FORM

ATTACH A	Full Name:_ Nickname:_ Male   Birth Date:_ Race:_ Height: Hair Color: _	Female () ( Block Weight	Glasses		
DATE OF PHOTO:					
Britz di Friorio.					
	LEFT UTTLE	LEFT RING	LEFT MIDDLE	LEFT INDEX	LEFT THUMB
	RIGHT THUMB	RIGHT INDEX	RIGHT MIDDLE	RIGHT RING	RIGHT LITTLE
		Allergies:			
Medic.			nditions:		
	Medications:				

## YOUR FIRST DAY HERE

Your Social Workers		Date:	Time:	
(while you were here)		Time(s) in Foster Car	e:	
Name:		Our Family:		
Name:				
Name:		Your Family:		
Social Service Agency				
Name:				
Phone: Address:		You came here beca	use:	
	J	You weighed	You were	tall
			Notoo	
			Notes	
			Notes	
			Notes	
ATTACH A PHO	TO HERE		Notes	
ATTACH A PHO	TO HERE		Notes	
ATTACH A PHO	TO HERE		Notes	
ATTACH A PHO	TO HERE		Notes	
ATTACH A PHO	TO HERE		Notes	

## 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		

ATTACH A PHOTO HERE

Notes:	 	 	 

Sourneys and Dreams

Special Holidays for O	ur Family:
Some of our Family Tr	aditions:
My First Family Calab	ration
My First Family Celebi	ration:
	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 aha wanta ma ta ramambar	
What she wants me to remember:	

#### Foster Father

	NdHE
	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:
/hat 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 fo	oster siblings:	
	<u>-</u>	
Our favorite things to do toge	ther:	
Memories we share together:		
Other things I want to remem!	oer:	
J		

My Extended Foster Family

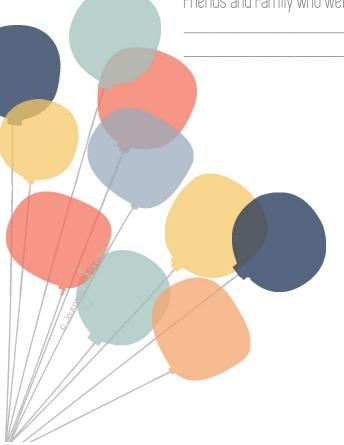
ATTACH A PHOTO HERE

Notes:	 	 	

ATTACH A PHOTO HERE

Notes:	 	 	 

Special Holidays for Our Family:
Some of our Family Traditions:
Лу 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:	_ ATTACH A PHOTO HERE
Ethnicity:	_
Family Origin:	_
Tribal Affiliation:	_
Clan Name:	_
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:
ATTAOLLA DUOTO LIEDE	
ATTACH A PHOTO HERE	Race:
	Ethnicity:
	Family Origin:
	Tribal Affiliation:
	Clan Name:
	My dad's first thoughts about me:
y dad's memories of my first days home:	
	nreams nreams
	© Journeys and Dreams

# MY ADOPTIVE FAMILY My Adoptive Siblings

#### ATTACH A PHOTO HERE

Name:		
Our first days together:		
What I first thought about them:		
What they first thought about me:		
Our first fun day together:		
) )   1   5		

My Extended Adoptive Family

ATTACH A PHOTO HERE

Notes:		

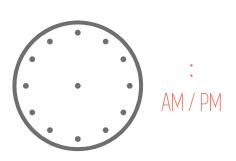
### OUR FAMILY

				-
				-
BROTHER	S		SISTERS	
		DAD AND MOM		
		 		-
UNCLES AND A	AUNTS		UNCLES AND AUNTS	-
GRANDPARE	NTS		GRANDPARENTS	-
GREAT-GRANDP	ARENTS		GREAT-GRANDPARENTS	-
GREAT-GRANDP	A DENTO		GREAT-GRANDPARENTS	-



CALENDAR DATE:

TIME OF DAY:





MY NEW NAME:

THE JUDGE + LEGAL TEAM:

FAMILY + FRIENDS WHO CAME:

# ADOPTION DAY Sourceus and Dreams

ATTACH PHOTOS HERE



PICTURES OF ME

#### ADOPTION DAY

#### PICTURES OF FAMLIY AND FRIENDS

ATTACH PHOTOS HERE

# BRTH CERTIFICATE

ATTACH BIRTH CERTIFICATE HERE
BEST IF PUT IN A SHEET PROTECTOR

## Handprints

Nate:

## 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 ( Height: W  What I remember about my mom:	Color:	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

				-
				-
BROTHER	S		SISTERS	
		DAD AND MOM		
		 		-
UNCLES AND A	AUNTS		UNCLES AND AUNTS	-
GRANDPARE	NTS		GRANDPARENTS	-
GREAT-GRANDP	ARENTS		GREAT-GRANDPARENTS	-
GREAT-GRANDP	A DENTO		GREAT-GRANDPARENTS	-

## OUR FAMILY

Family Religious Belie	fs:	
Family Traditions: _		
Family Holidays and C	Celebrations:	
Eamily Daoingo:		
Family Recipes:		

#### MY BIRTH FAMILY

#### Birth Father

		Name:			
		, ,			
		Rare.			
ATTACH A PHOTO HERE					
		Hair Color:		Eye Color:	
		Height:		Weight:	
		What I rem	nember about n	ny dad:	
AMILY HISTORY:					
Alcohol or Drug Abuse	Genetic Dis	sorder	STD/HIV/	/AIDS	
Anxiety, Depression, Psychiatric Illness Anesthesia Complications	Heart Disea	ase	Stroke/T	TA	
Anesthesia Complications	High Blood	Pressure	Tubercul	osis	
Cancer	High Choles	sterol	Other/Notes:		_
_ Diabetes	Liver Disea	ISE			_
			© Jou	rneus and Dreams	

### OUR FAMILY

				-
				-
BROTHER	S		SISTERS	
		DAD AND MOM		
		 		-
UNCLES AND A	AUNTS		UNCLES AND AUNTS	-
GRANDPARE	NTS		GRANDPARENTS	-
GREAT-GRANDP	ARENTS		GREAT-GRANDPARENTS	-
GREAT-GRANDP	A DENTO		GREAT-GRANDPARENTS	-

## OUR FAMILY

Family Religious Belie	fs:	
Family Traditions: _		
Family Holidays and C	Celebrations:	
Eamily Daoingo:		
Family Recipes:		

# MY BIRTH FAMILY My Siblings

#### ATTACH A PHOTO HERE

What I remembe	r about my siblings: _				
Name:			Name:		
Male / Female	Brother / Sister	Full / Half / Step	Male / Female		Full / Half / Step
Place of Birth:			Place of Birth:		
Hair Color:	Eye Color:		Hair Color:	Eye Color:	
Height:	Weight:		Height:	Weight:	
Name:			Name:		
Male / Female	Brother / Sister	Full / Half / Step	Male / Female	Brother / Sister	Full / Half / Step
Place of Birth:			Place of Birth:		
Hair Color:	Eye Color:	:	Hair Color:	Eye Color:	
Height:	Weight:		Height:	Weight:	
				o Journeys and Dreams	

#### MY BIRTH FAMILY

My Extended Birth Family

ATTACH A PHOTO HERE

Notes:		



ATTACH THE EARLIEST BABY PHOTO HERE

#### THE STATS

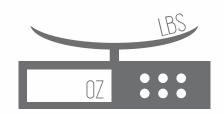
Name: Hair Color:

City, State: Eye Color:

Doctor: Skin Color:

Hospital: Blood Type:

WEIGHS





#### FIRST THOUGHTS



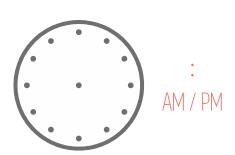
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INCHES LONG

## ON THE DAY I ARRIVED

#### CALENDAR DATE:







National Leaders:	 	 	
World Leaders:			
Headlines:			
Popular Entertainers:			
Popular Songs:			
Best-Selling Authors:			
Hit TV Shows:			
Sports Stars:			
Fashion Trends:			



#### 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 Uver:
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 Iullabies:
Favorite toys and games:

MONTH 1	Weight: Height: Teeth:
Favorites	
Family Outi	ings & Activities

MONTH 2	Weight: Height: Teeth:
What's New	
Milestones	
Favorites	
Family Outi	ings & Activities

MONTH 3	Weight: Height: Teeth:
What's New	
Milestones	
Favorites	
Family Outi	ngs & Activities

		© Journeys and D
MONTH	Height:	
What's New		
Milestones Favorites		

MONTH 5	Weight: Height: Teeth:	
Favorites		
Family Outi	ngs & Activ	ities

Weight: Height: Teeth:
ings & Activities

MONTH 7	Weight: Height: Teeth:
Favorites	
Family Out	ings & Activities

MONTH	Woight.	© Journeys and ]
8		
	Teeth:	
What's New		
Milestones		
Favorites		
Family Out		

m

# Weight: \_\_\_\_\_\_ Height: \_\_\_\_\_ Teeth: \_\_\_\_ What's New \_\_\_\_\_ Milestones \_\_\_\_\_ Favorites \_\_\_\_\_ Family Outings & Activities

MONTH 10	Weight: Height: Teeth:
What's New	
Milestones	
Favorites	
Family Outi	ings & Activities

MONTH 11	Weight: Height: Teeth:
Milestones	
Favorites	
Family Outi	ngs & Activities

MONTH 12	Height:	
What's New Milestones		
Favorites		
Family Out	ings &	Activities

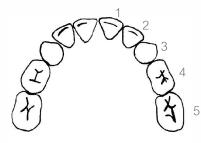
## THE EARLY YEARS

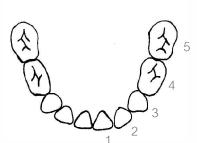
My personality is really developing:	
My friends:	
People I like to spend time with:	
Favorite Words:	To Count:
Favorite Songs:	
Favorite Books:	To Mrito
Favorite Toys:	Tie My Shoes: To Ride a 2-Wheeler:
Some bumps and bruises:	To Use the Potty:
	To Dress Myself:

## GROWTH CHART

NEWBORN	LENGTH:	WEIGHT:	DATE:	
	LENGTH:			
	LENGTH:	WEIGHT:		
3 MONTHS	LENGTH:	WEIGHT:		
	LENGTH:		DATE:	
	LENGTH:		DATE:	
	LENGTH:		DATE:	
	LENGTH:			
	LENGTH:			
1 ΥΕΔΡ	LENGTH:	WEIGHT:	DATE:	
	LENGTH:			
	LENGTH:	WEIGHT:		
	LENGTH:		DATE:	
	LENGTH:	WEIGHT:		
	LENGTH:			
	LENGTH:			
	LENGTH:		DATE:	
7.0 ILANO	LLINUIII.			
5 YEARS	LENGTH:	WEIGHT:	DATE:	
			DATE:	
		WEIGHT:		
		WEIGHT:		
		WEIGHT:		
			DATE:	

## MY TEETH





#### Baby Teeth: Top

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

Right: \_\_\_\_\_

#### Baby Teeth: Bottom

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

#### 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: \_\_\_\_\_





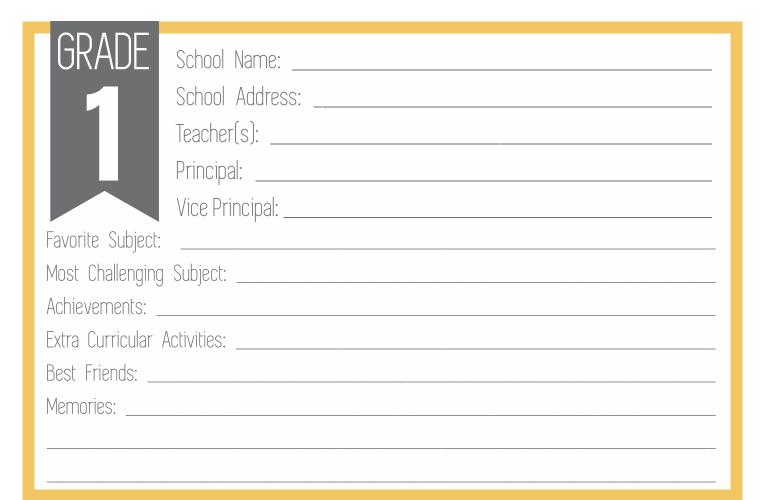
Pediatrician:Office Address:					My Blood Type; My First Visit:
		Date	1	Reaction	
Diptheria Tetanus Pertussis	DTaP:				
Polio Vaccine	IPV:				
Measles Mumps Rubella	MMR:				
Haemophilus	HIB:				
Hepatitis B	НерВ:				
Pneumococcal Conjugate	PVC:				
Varicella (Chicker	n Pox):				
Rotavirus	RV:				
Other:					

## FIRST DAY OF SCHOOL

The First School   Attended:
My Teacher(s):
My Principal:
How I Felt Before School:
How I Felt After School:
<u> </u>
Friends   Made:
New Things I Learned:
My Favorite Part of the Day:

ATTACH PHOTOS HERE

GRADE	School Name:
	School Address:
	Teacher(s):
	Principal:
	Vice Principal:
Favorite Subject:	· 
Most Challenging	g Subject:
Achievements: _	
Extra Curricular	Activities:
Best Friends: _	
Memories:	



GRADE	School Name:
	School Address:
	Teacher(s):
	Principal:
	Vice Principal:
Favorite Subject	
Most Challenging	g Subject:
Achievements:	
	Activities:
Best Friends: _	
Memories:	

GRADE	School Name:
	School Address:
	Teacher(s):
	Principal:
	Vice Principal:
Favorite Subject	
Most Challenging	g Subject:
Achievements:	
	Activities:

GRADE	School Name:
	School Address:
	Teacher(s):
	Principal:
	Vice Principal:
Favorite Subject:	·
Most Challenginç	g Subject:
	Activities:
Best Friends: _	

GRADE	School Name:
	School Address:
	Teacher(s):
	Principal:
	Vice Principal:
Favorite Subject	·
Most Challenging	g Subject:
Achievements:	
	Activities:
Best Friends: _	

GRADE	School Name:
	School Address:
	Teacher(s):
	Principal:
	Vice Principal:
Favorite Subject:	
Most Challenging	g Subject:
Extra Curricular	Activities:
Best Friends: _	
Memories:	

UKAUE	School Name:
	School Address:
	Teacher(s):
	Principal:
	Vice Principal:
Favorite Subject:	<u> </u>
Most Challenging	g Subject:
	Activities:
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GRADE	School Name:
	School Address:
	Teacher(s):
	Principal:
	Vice Principal:
Favorite Subject:	
	Subject:
Extra Curricular	Activities:
Best Friends: _	
Memories:	

GRADE	School Name:
	School Address:
	Teacher(s):
	Principal:
	Vice Principal:
Favorite Subject:	· 
	g Subject:
Extra Curricular	Activities:
Best Friends: _	

GRADE	School Name:	
10	School Address:	
	Teacher(s):	
	Principal:	
	Vice Principal:	
Favorite Subject:		
Most Challenging	g Subject:	
	Activities:	
Memories:		



GRADE	School Name:
10	School Address:
	Teacher(s):
	Principal:
	Vice Principal:
Favorite Subject:	· 
	g Subject:
	Activities:
Best Friends: _	

# 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:

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## HIGH SCHOOL PROM

#### ATTACH PHOTOS HERE

I went to prom with	
	on the night of
Friends we met up with:	
We drove there in	
We went to dinner at	
Popular songs:	
Fun dances:	
My memories from the night:	
Prom Kina:	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:		
My position: Memories:	 	 

ATTACH PHOTOS HERE

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## EXTRA CURRICULARS

ATTACH PHOTOS HERE

Details and Memories:		

Sourneys and Dreams

## EXTRA CURRICULARS

ATTACH PHOTOS HERE

Details and Memories:		

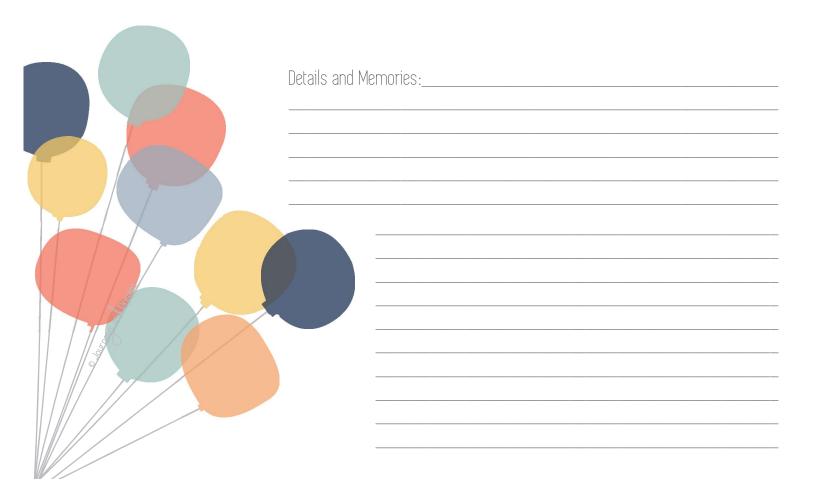
## EXTRA CURRICULARS

ATTACH PHOTOS HERE

Details and Memories:		

## ACHIEVEMENTS AND AWARDS

#### ATTACH PHOTOS HERE



# SPORTS I PLAYED

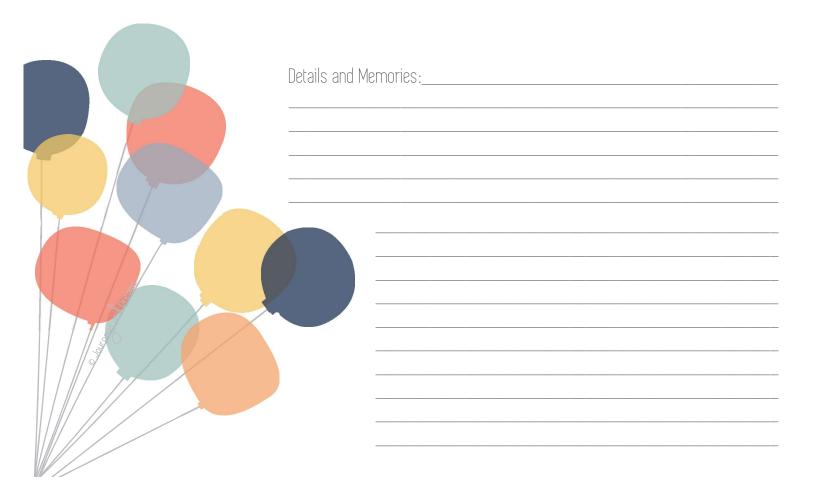
ATTACH PHOTOS HERE

Sport I played:
Sport I played:Position(s) I played:
Dates I Played:
Coach:
Assistant Coach:
Teammates:
My Stats:
·
Other Details and Memories:



# FUN CELEBRATIONS

#### ATTACH PHOTOS HERE









ATTACH PHOTOS HERE

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ATTACH PHOTOS HERE

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ATTACH PHOTOS HERE

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ATTACH PHOTOS HERE

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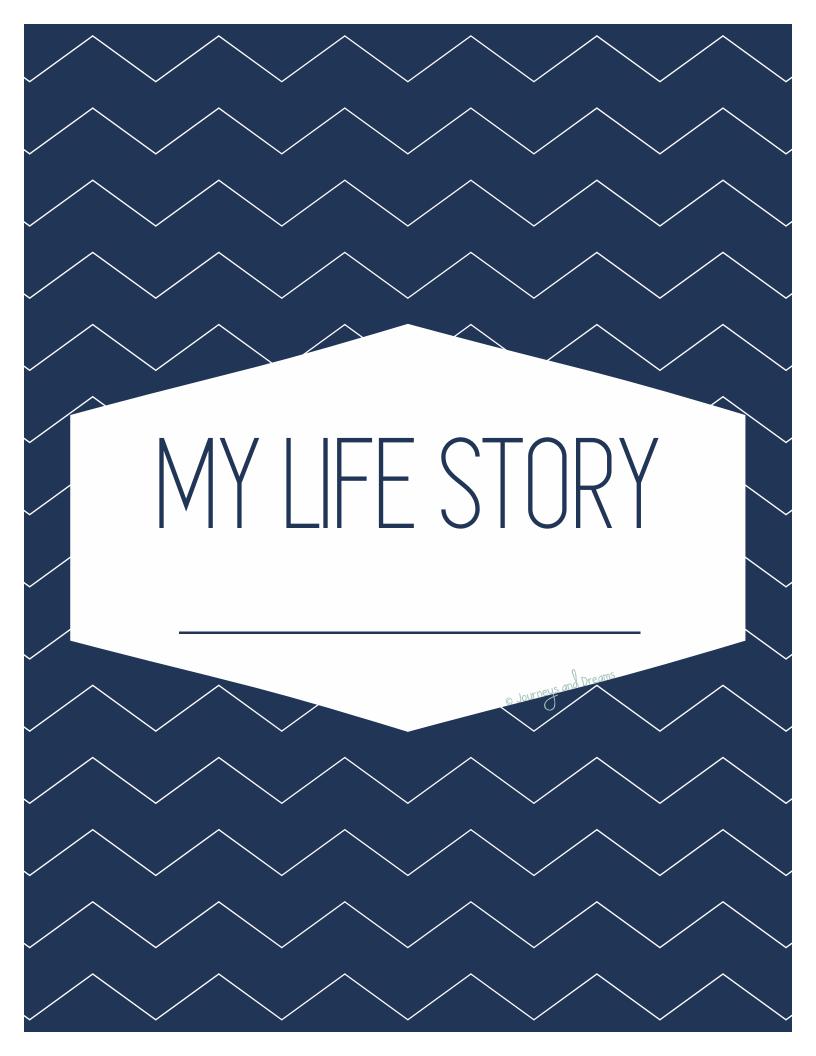
Notice to Provider, Adoption Decree, Birth Certificates, Social Security Cards, Medical Cards, Timeline of Child's Life (Past Placements, Important Events, Religious Documents, etc.)



# LIFEBOK DAGES

## MY LIFE STORY









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.

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DESIGNS FROM & LOLD THE DURCHASER, DISTRIBUTED, OR SOLD OUTSIDE OF SOLD OUTSIDE OUTSID



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





### CHILD IDENTIFICATION FORM

				Date Formed	d Filled Out:
				Full Name:_	
				Nickname:_	
					☐ Female ☐ Glasses ☐ Braces
				Birth Date:_	Blood Type:
	ATTACH A	PHOTO HERE		Race:	
				Height:	Weight:
				Hair Color: _	Eye Color:
					larks (birthmarks, scars, etc.):
	DATE OF BUOTO				
	DATE OF PHOTO:				
	LEFT LITTLE	LEFT RING	LEFT MIDDLE	LEFT INDEX	LEFT THUMB
	DICLIT THE IMP	DICLIT MOEV	DICUT MIDDUE	DICLIT DIVIC	חומודוד
	RIGHT THUMB	RIGHT INDEX	RIGHT MIDDLE	RIGHT RING	RIGHT LITTLE
Allergies:					
•	ons:				
iribuidai buliullii	UI IS				
Medications:					

## YOUR FIRST DAY HERE

Your Social Workers (while you were here)  Name: Name: Social Service Agency	Our Family:	Time: ::	
Name: Phone: Address:	You came here because:  You weighed You were tall		
ATTACH A PHOTO HER		Notes	





## 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	



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Notes:	





Special Holidays for Our Family:		
Some of our Family Traditions:		
My First Family Celebration:		
Friends and Family who were there:		
,		



### Foster Mother

Nattie		
Race/Ethnicity:		
Hair Color:	Eye Color:	
What I remember abo	out my foster mom:	
		ATTACH A PHOTO HERE
		ATTACHATIOTOTICAL
Our favorite things to	do together:	
Memories we share:		
Something important	she taught me:	
	J	
What she wants me	e 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:
omething important he taught me:	



### MY FOSTER FAMILY My Foster Siblings

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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:		
J		





## MY FOSTER FAMILY My Extended Foster Family

Notes:	 	



## Cou are my SUNSHINE

MY ADOPTIVE FAMILY

Notes:	

© Journeys and Dreams

## Cou are my SUNSHINE

MY ADOPTIVE FAMILY

Special Holidays for Our Family:		
, ,		
Some of our Family Traditions:		
My First Family Celebration:		
1 1		
Friends and Family who were there:		

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## Cou are my SUNSHINE

MY ADOPTIVE FAMILY

Name:		Adoptive Mother
Date of Birth:		Adoptive Mother
Hair Color:	Eye Color:	
Blood Type:		
	me:	
Father's Name:		
Race:		ATTACH A PHOTO HERE
My mom's first thoug	ghts about me:	
My mom's memories	s of my first days home:	

## Cou are my SUNSHINE

MY ADOPTIVE FAMILY

### Adoptive Father

My dad's memories of my first

	Name:
	Date of Birth:
	Place of Birth:
	Hair Color: Eye Color:
	Blood Type:
	Mother's Maiden Name:
	Father's Name:
Γ	
	Race:
	Ethnicity:
	Family Origin:
	Tribal Affiliation:
	Clan Name:
	My dad's first thoughts about me:
days home:	



## Gou are my SUNSHINE

MY ADOPTIVE FAMILY
My Adoptive Siblings

	Brother/Sister Name: Brother/Sister Name:	
Our first days together:		
What I first thought about them:		
What they first thought about me:		
Our first fun day together:		

## Cou are my SUNSHINE

MY ADOPTIVE FAMILY
My Extended Adoptive Family

Notes:		

## OUR FAMILY

BROTHERS		SISTERS
	PARENTS	
UNCLES AND AUNTS		UNCLES AND AUNTS
GRANDPARENTS		GRANDPARENTS
GREAT-GRANDPARENTS		GREAT-GRANDPARENTS

CALENDAR DATE:

TIME OF DAY:



WEATHER:

MY NEW NAME:

THE JUDGE + LEGAL TEAM:

FAMILY + FRIENDS WHO CAME:

### ADOPTION DAY

ATTACH PHOTOS HERE

### PICTURES OF ME



ATTACH PHOTOS HERE

### PICTURES OF FAMLIY AND FRIENDS

# BIRTH CERTIFICATE

ATTACH BIRTH CERTIFICATE HERE
BEST IF PLIT IN A SHEFT PROTECTOR

# Handprints

Date: \_\_\_\_\_

# Footprints

Date: \_\_\_\_\_



My only SUNSHINE

You make me HAPPY When skies are gray You'll never know
DEAR

How much

© Journeys and Dreams

### MY BIRTH FAMILY

Birth Mother		
Vame:		
Date of Birth:		
Place of Birth:		
Blood Type:		
Mother's Maiden Name:		
-ather's Name:		
_		
Race:		ATTACILA DUOTO UEDE
Ethnicity:		ATTACH A PHOTO HERE
amily Origin:		
Tribal Affiliation:	. <u> </u>	
Clan Name:		
Hair Color: Eye	Color:	
Height: W		
What I remember about my mom:	· ·	
, 		
FAMILY HISTORY:		
Alcohol or Drug Abuse	Genetic Disorder	STD/HIV/AIDS
Anxiety, Depression,	Heart Disease	Stroke/TIA
Anxiety, Depression, Psychiatric Illness Anesthesia Complications	High Blood Pressure	Tuberculosis
Cancer	High Cholesterol	Other/Notes:
☐ Diahetes	Liver Disease	

# OUR FAMILY

BROTHERS		SISTERS
	PARENTS	
UNCLES AND AUNTS		UNCLES AND AUNTS
GRANDPARENTS		GRANDPARENTS
GREAT-GRANDPARENTS		GREAT-GRANDPARENTS

# OUR FAMILY

Family Religious Beliefs:	
Family Traditions:	
Family Holidays and Celebrations:	
Family Recipes:	



FAMILY HISTORY:

You make me HAPPY When skies are gray

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Birth Father

### MY BIRTH FAMILY

	Name: _	
	Date of E	Birth:
		Birth:
		pe:
		Maiden Name:
		name:
	Race:	
ATTACH A PHOTO HERE		:
		Origin:
	,	filiation:
		ne:
	Hair Color	r: Eye Color:
	Height: _	Weight:
		emember about my dad:
ILY HISTORY:		
Alcohol or Drug Abuse	Genetic Disorder	STD/HIV/AIDS
Anxiety, Depression, Psychiatric Illness	Heart Disease	Stroke/TIA
Anesthesia Complications	High Blood Pressure	Tuberculosis
Cancer	High Cholesterol	Other/Notes:
Diabetes	Liver Disease	

# OUR FAMILY

BROTHERS		SISTERS
	PARENTS	
UNCLES AND AUNTS		UNCLES AND AUNTS
GRANDPARENTS		GRANDPARENTS
GREAT-GRANDPARENTS		GREAT-GRANDPARENTS

# OUR FAMILY

Family Religious Beliefs:	
Family Traditions:	
Family Holidays and Celebrations:	
Family Recipes:	



You make me HAPPY When skies are gray Jou'll never know
DEAR

How much
II OVE YOU

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# MY BIRTH FAMILY My Siblings

ATTACH A PHOTO HERE

What I remembe	r about my siblings: _				
Name:			Name:		
	Brother / Sister	, ,	Male / Female	Brother / Sister	Full / Half / Step
Place of Birth:			Place of Birth:		
Hair Color:	Eye Color	·	Hair Color:	Eye Color:	
Height:	Weight	· ·	Height:	Weight:	
Name:			Name:		
	Brother / Sister	, ,	Male / Female	Brother / Sister	Full / Half / Step
Place of Birth:			Place of Birth:		
Hair Color:	Eye Color	·	Hair Color:	Eye Color:	
Height:	Weight	·	Height:	Weight:	



You make me HAPPY When skies are gray You'll never know
DEAR
How much

How much

© Journeys and Dreams

# MY BIRTH FAMILY My Extended Birth Family

ATTACH A PHOTO HERE

Notes:	



### BABY MEMORIES

ATTACH THE FARLIEST BABY PHOTO HERE

### THE STATS

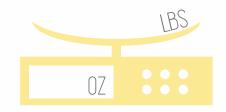
Name: Hair Color:

City, State: Eye Color:

Doctor: Skin Color:

Hospital: Blood Type:

#### WEIGHS





### FIRST THOUGHTS

INCHES LONG

# ON THE DAY I ARRIVED



#### TIME OF DAY:





tional Leaders:
orld Leaders:
eadlines:
pular Entertainers:
pular Songs:
est-Selling Authors:
TV Shows:
orts Stars:
shion Trends:

## ON THE DAY I ARRIVED

NEWSPAPER CLIPPING

ATTACH A GROCERY
RECFIPT 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 Iullabies:
Favorite toys and games:

	Weight: Height: Teeth:
What's New	
Milestones	
Favorites	
Family Outi	ngs & Activities

MONTH 2	Weight: Height: Teeth:
What's New	
Milestones	
Favorites	
Family Out	ings & Activities

Weight: Height: Teeth:	
What's New	
Milestones	
Favorites	
Family Outings & Activities	

MONTH		© Journeys and Dre
What's New Milestones		
Favorites		
Family Out	ings &	Activities

	Weight: Height: Teeth:
What's New Milestones	
Favorites	
Family Outi	ngs & Activities

MONTH 6	Weight: Height: Teeth:
What's New	
Milestones	
Favorites	
Family Out	ings & Activities

MONTH 7	Weight: Height: Teeth:
What's New	
Milestones	
Favorites	
Family Outi	ngs & Activities

MONTH 8	Height: _	© Journeys and
What's New _		
Milestones		
Milestones Favorites		

	Weight: Height: Teeth:
Favorites	
Family Outi	ngs & Activities

MONTH 10	Weight: Height: Teeth:
What's New	
Milestones	
Favorites	
Family Out	ings & Activities

Height: _	
What's New	
Milestones	
Favorites	
Family Outings &	Activities

MONTH 12		© Journeys and Di
What's New Milestones		
Favorites		
Family Out	ings & .	Activities

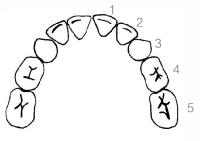
## THE EARLY YEARS

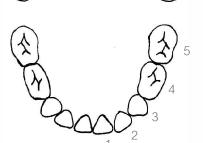
My personality is really developing:	
Things I do best:	
Activities I enjoy:	
My friends:	
Things that make me laugh:	
Things that scare me:	
My pets:	
People I like to spend time with:	
Favorite Words:	The ABC's:
	To Count
	My Name:
Favorite Songs:	My First Sentences:
Favorite Books:	
	To Write:
Favorite Toys:	
	To Ride a 2-Wheeler:
Some bumps and bruises:	To Use the Potty:
	To Dress Myself:

## GROWTH CHART O Journeys and Dreams

NEWBORN	LENGTH:	WEIGHT:	DATE:	
1 MONTH	LENGTH:			
2 MONTHS	LENGTH:			
	LENGTH:			
8 MONTHS	LENGTH:			
	LENGTH:			
	LENGTH:			
	LENGTH:			
1 YFAR	LENGTH:	WEIGHT:	DATE:	
	LENGTH:			
	LENGTH:			
	LENGTH:		DATE:	
	LENGTH:	WEIGHT:		
	LENGTH:			
	LENGTH:			
	LENGTH:			
5 YFARS	LENGTH:	WEIGHT:	<b>ΝΔΤ</b> Ε∙	
	A CONTRACTOR OF THE CONTRACTOR	WEIGHT:		
		WEIGHT:		
	i contract of the contract of	WEIGHT:		
		WEIGHT:		
	and the second s	WEIGHT:		
		WEIGHT:		

### MY TEETH





#### Baby Teeth: Top

#1 CENTRAL INCISOR #2 LATERAL INCISOR #3 CANINE (CUSPID)

#4 FIRST MOLAR

#5 SECOND MOLAR

Right:	 Left:
Right:	 Left:
Right:	Left:
Right:	 Left:

Left: \_\_\_\_\_\_ Left: \_\_\_\_\_ Left: \_\_\_\_\_ Left: \_\_\_\_\_ Left:

#### Baby Teeth: Bottom

#1 CENTRAL INCISOR #2 LATERAL INCISOR

#3 CANINE (CUSPID)

#4 FIRST MOLAR

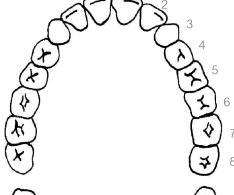
#5 SECOND MOLAR

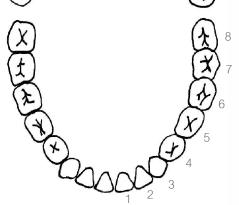
Right: \_\_\_\_\_ Right: \_\_\_\_\_ Right: \_\_\_\_\_ Right: \_\_\_\_\_

Right:

Right: \_\_\_\_\_

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: \_\_\_\_

#### 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: \_\_\_\_\_ Right: \_\_\_\_\_ Left: \_\_\_\_\_ Left: \_\_\_\_\_ Left: \_\_\_\_\_ Left: \_\_\_\_\_

Left: \_\_\_\_\_ Left: \_\_\_\_ Left: \_\_\_\_

## **IMMUNIZATIONS**



Pediatrician:Office Address:				nber:	My Blood Type; My First Visit:
		Date		Reaction	
Diptheria Tetanus Pertussis	DTaP:				
Polio Vaccine	IPV:				
Measles Mumps Rubella	MMR:				
Haemophilus	HIB:				
Hepatitis B	НерВ:				
Pneumococcal Conjugate	PVC:				
Varicella (Chicken	Pox):				
Rotavirus	RV:				
Other:					

## FIRST DAY OF SCHOOL

My Teacher(s):		
My Principal:		
How I Felt Before School:		
How I Felt After School:		
Friends   Made:		
New Things I Learned:		
My Favorite Part of the Day:		

ATTACH PHOTOS HER



GRADE	School Name:		
	School Address:		
	Teacher(s):		
	Principal:		
	Vice Principal:		
Favorite Subject:			
Most Challenging	Most Challenging Subject:		
Achievements: _			
Extra Curricular Activities:			
Best Friends:			
Memories:			

GRADE	School Name:		
	School Address:		
	Teacher(s):		
	Principal:		
	Vice Principal:		
Favorite Subject:			
Most Challenging	Most Challenging Subject:		
Achievements:			
Extra Curricular Activities:			
Best Friends:			
Memories:			

GRADE	School Name:		
	School Address:		
	Teacher(s):		
	Principal:		
	Vice Principal:		
Favorite Subject:			
Most Challenging	Most Challenging Subject:		
Achievements:			
Extra Curricular Activities:			
Best Friends:			
Memories:			

GRADE	School Name:		
	School Address:		
	Teacher(s):		
	Principal:		
	Vice Principal:		
Favorite Subject:	Favorite Subject:		
Most Challenging Subject:			
Achievements:			
Extra Curricular Activities:			
Best Friends:			
Memories:			

GRADE	School Name:		
	School Address:		
	Teacher(s):		
	Principal:		
	Vice Principal:		
Favorite Subject:			
Most Challenging	Most Challenging Subject:		
Achievements:			
Extra Curricular Activities:			
Best Friends:			
Memories:			

GRADE	School Name:		
	School Address:		
	Teacher(s):		
	Principal:		
	Vice Principal:		
Favorite Subject:	Favorite Subject:		
Most Challenging Subject:			
Achievements:			
Extra Curricular Activities:			
Best Friends:			
Memories:			

GRADE	School Name:		
	School Address:		
	Teacher(s):		
	Principal:		
	Vice Principal:		
Favorite Subject:			
	Most Challenging Subject:		
Achievements:			
Extra Curricular Activities:			
Best Friends:			
Memories:			

GRADE	School Name:		
	School Address:		
	Teacher(s):		
	Principal:		
	Vice Principal:		
Favorite Subject:	· 		
	Most Challenging Subject:		
Achievements:			
Extra Curricular	Activities:		
Best Friends:			
Memories:			

GRADE	School Name:
	School Address:
	Teacher(s):
	Principal:
	Vice Principal:
Favorite Subject:	· 
Most Challenging Subject:	
	Activities:
Best Friends:	

GRADE	School Name:
	School Address:
	Teacher(s):
	Principal:
	Vice Principal:
Favorite Subject:	
Most Challenging Subject:	
	Activities:

GRADE	School Name:
10	School Address:
	Teacher(s):
	Principal:
	Vice Principal:
Favorite Subject:	·
Most Challenging Subject:	
Extra Curricular	Activities:
Best Friends: _	
Memories:	

GRADE	School Name:
	School Address:
	Teacher(s):
ш	Principal:
	Vice Principal:
Favorite Subject:	
Most Challenging	Subject:
	Activities:
Best Friends: _	
Memories:	

School Address:
Topobor(a)
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
Friends we met up with:	
We drove there in	
We went to dinner at	
Popular songs:	
Fun dances:	
My memories from the night:	
Prom Kina:	Prom Queen:

#### LEARNING TO DRIVE

#### ATTACH PHOTOS HERE



#### MY FIRST JOB

Date I started:	
Last day on the job:	
Where I worked:	
My position:	
My position:	

ATTACH PHOTOS HERE

#### EXTRA CURRICULARS

ATTACH PHOTOS HERE

Details and Memories:		

#### EXTRA CURRICULARS

ATTACH PHOTOS HERE

#### EXTRA CURRICULARS





Details and Memories:		



#### IMPORTANT HOLIDAYS

ATTACH PHOTOS HERE



Details and Memories:			

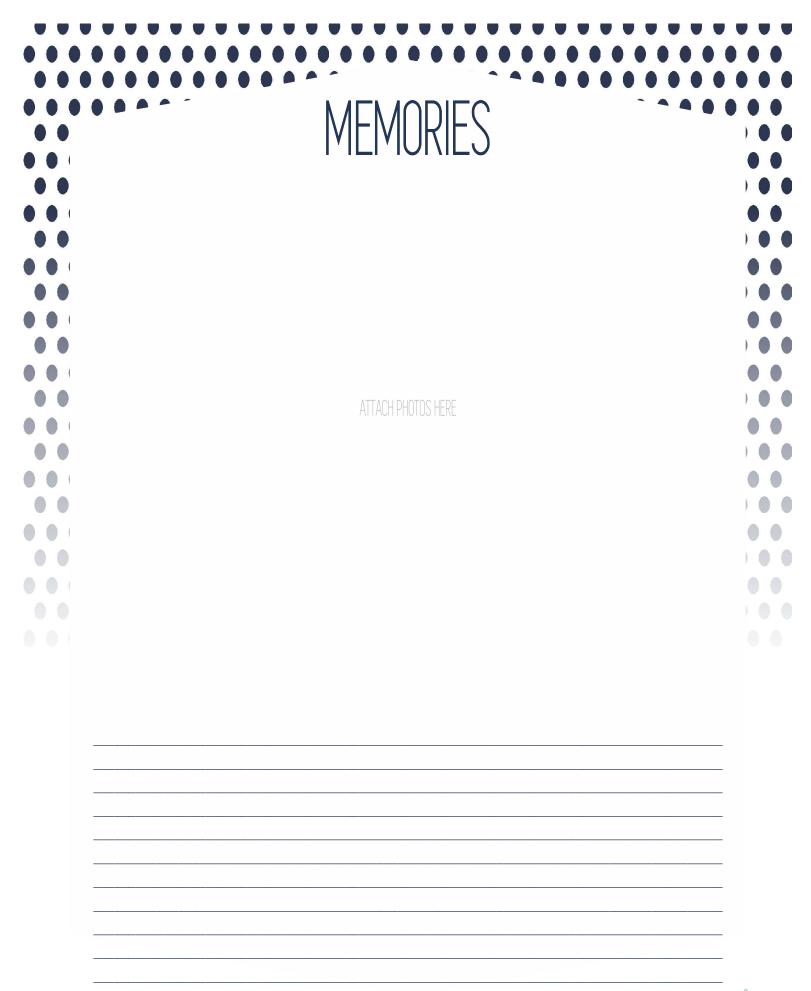






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ATTACH PHOTOS HERE





You make me HAPPY When skies are gray You'll never know
DEAR

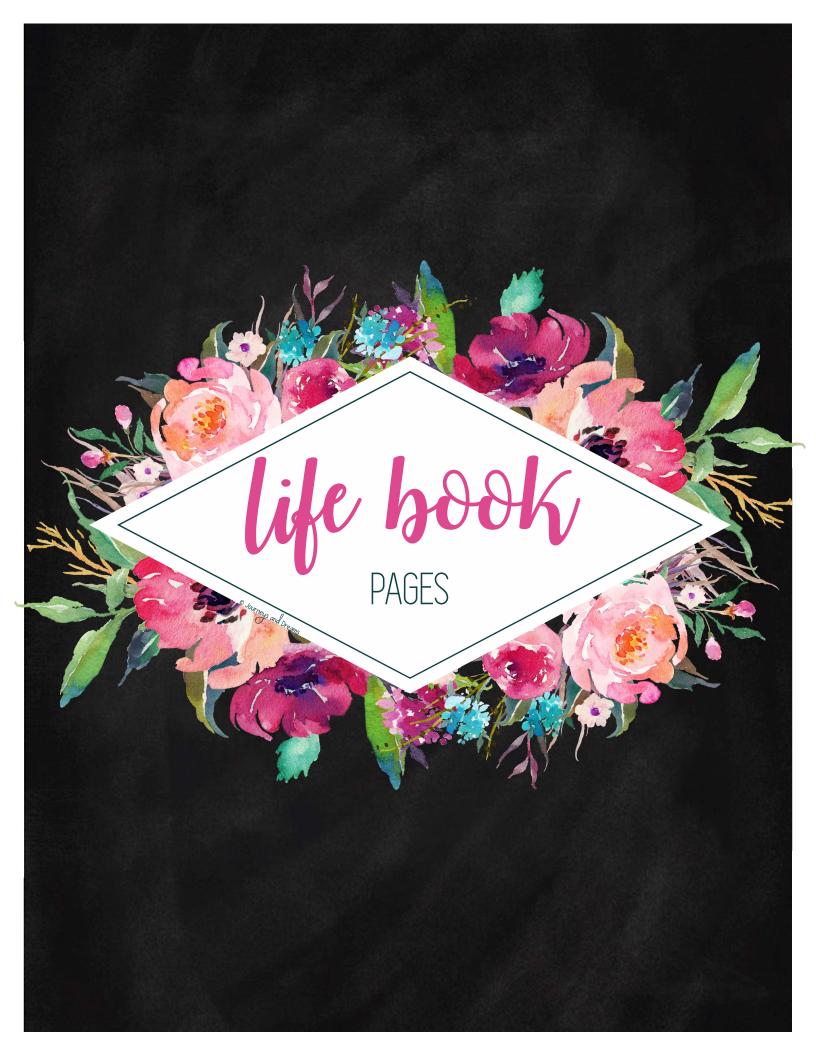
How much

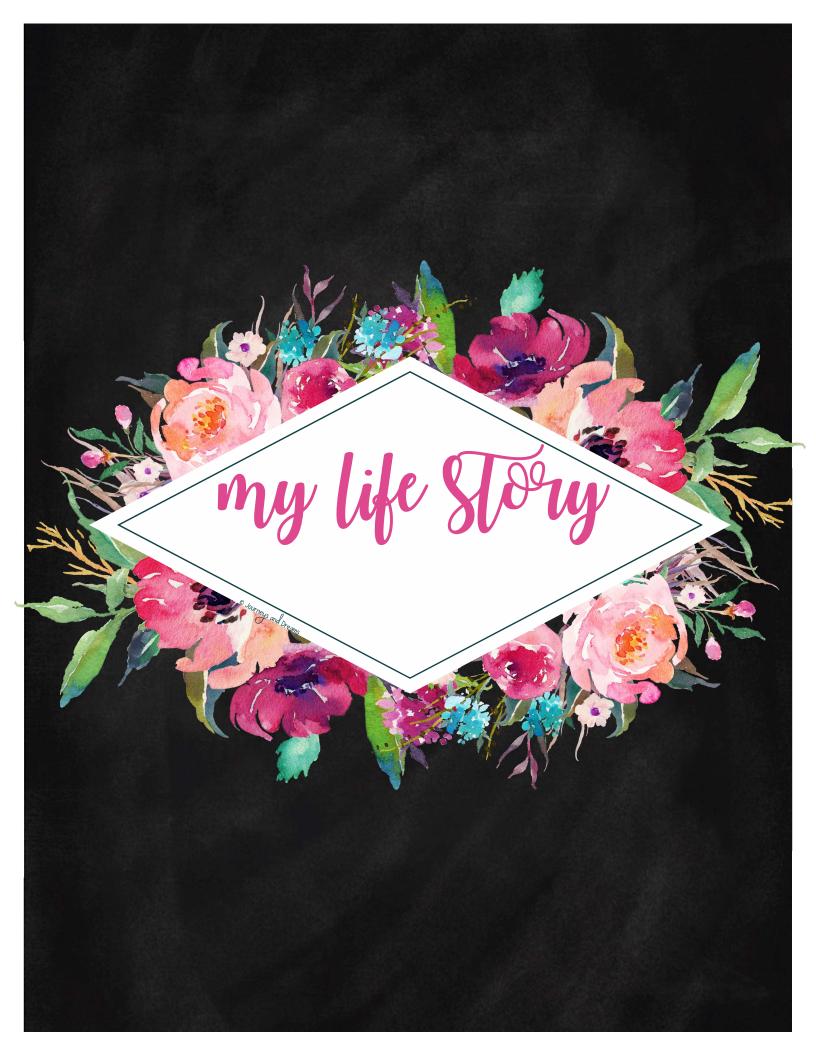
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#### MEMORIES

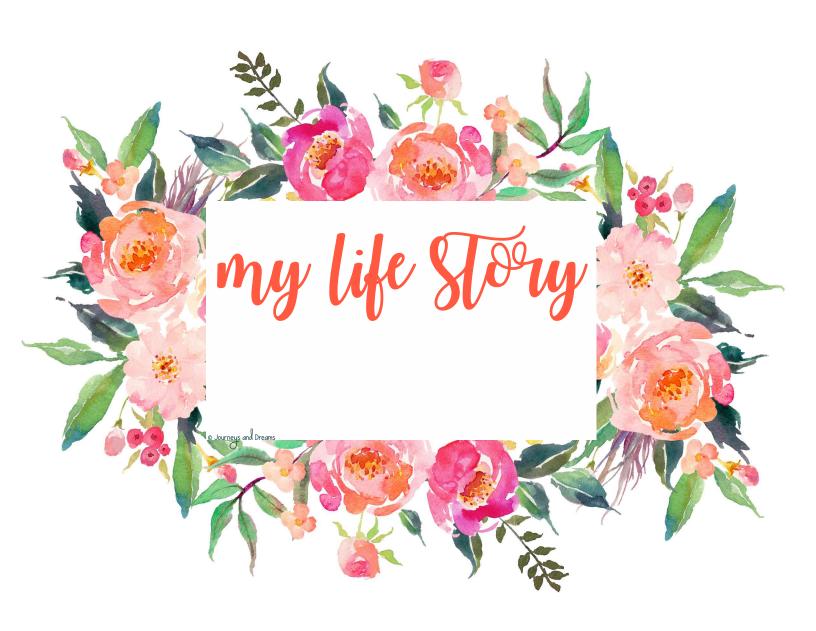


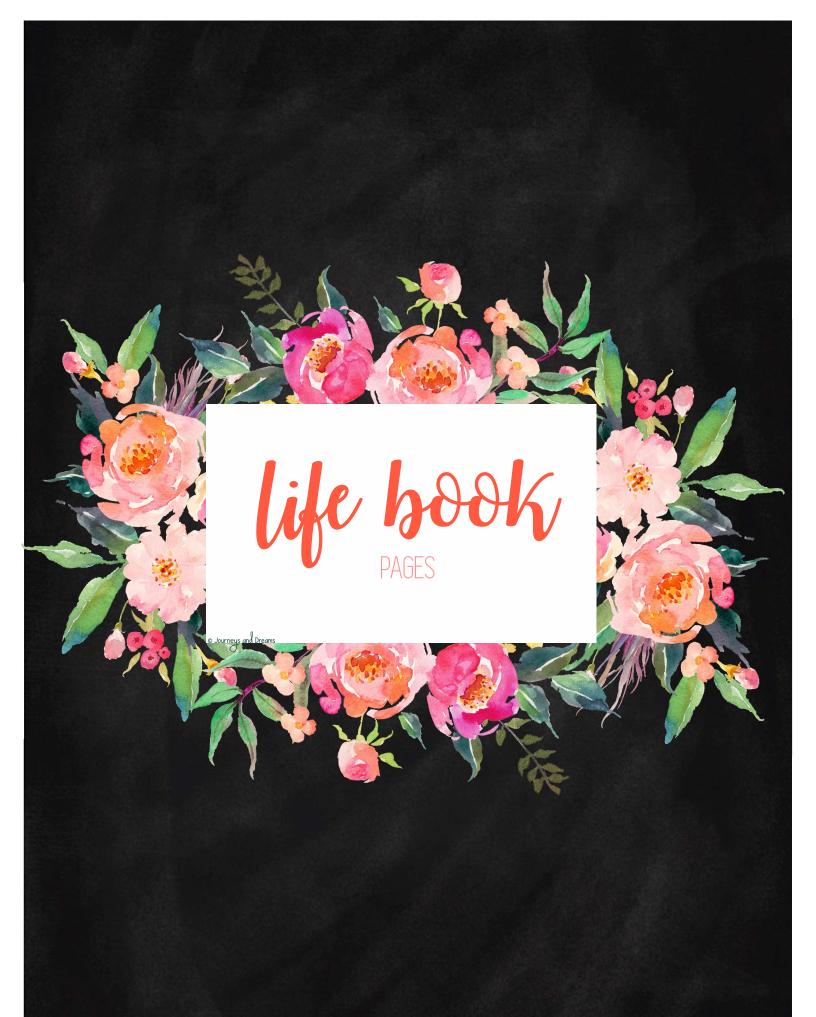














2 inch Binder Spine

OJourneys and dreams

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

etsy.com/shop/JOURNEYSandDREAMS

2 inch Binder Spine

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# FE BOOK PAGES

### पिट किले PAGES

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

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2 inch Binder Spine





LIFE BOOK PAGES

# LIFE BOOK PAGES



JFE BOOK PAGES



## LIFE BOOK PAGES

life book







#### CHILD IDENTIFICATION FORM

200	N 22	FULL NAME:					
200		NICKNAME:			D	ATE FORM FILLED OUT:	·
	)				Birth	n Date:	
and the							
					Weig	ght:	
900							
S ST							
					lden	tifying Marks (bi	rthmarks, scars, etc.):
1100							
	)						
1	o Journeys and Dreams	DATE OF DUOTO.			Mala		Glasses 🔲 Braces
- Co		DAIL OF PHOTO.			Male		JIdSSES [] DIALES
							1
	LEFT LITTLE	LEFT RING	LEFT MIDDLE	<u>LEFT IND</u>	EX	LEFT THUMB	
	RIGHT THUMB	RIGHT INDEX	RIGHT MIDDLE	RIGHT RII	VG	RIGHT LITTLE	
							•
Allergies:							
Medical Condition	S:						
Medications:							



#### ydur first day here

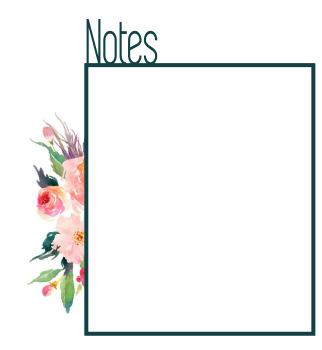


Date:	Time:	
Time(s) in Foster Care:		
Our Family:		
Your Family:		
, 		
You came here because:		
You weighed	You were	tal

ATTACH A PHOTO HERE

Date:

Age:\_\_\_\_\_ Grade:\_\_\_\_





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		



Notes:	



Special Holidays for Our Family:	
Some of our Family Traditions:	
My First Family Celebration:	
· · · · · · · · · · · · · · · · · · ·	
Friends and Family who were there:	



#### Foster Mother

Name:		
Hair Color:	Eye Color:	
What I remember about my	ofoster mom:	
		ATTACH A DHOTO HEDE
		ATTACITATIONILILL
	jether:	
 Memories we share:		
Something important she ta	aught me:	



#### 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:
	METHORIES ME STIGIE:
What he wants me to remember:	



	Brother/Sister	Name: 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:			



Notes:	



Notes:	



Special Holidays for Our Family:		
Some of our Family Traditions:		
My First Family Celebration:		
,		
Friends and Family who were there:		



### Adoptive Mother

Name:	
Date of Birth:	
Place of Birth:	
Hair Color: Eye Color:	
Blood Type:	
Mother's Maiden Name:	
Father's Name:	
Race:	ATTACH A PHOTO HERE
Ethnicity:	
Family Origin:	
Tribal Affiliation:	
Clan Name:	
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	Doco.
ATTACTIATION	Race:
	Ethnicity:
	Family Origin:
	Tribal Affiliation:  Clan Name:
	ciair name.
	My dad's first thoughts about me:
/ dad's memories of my first days home:	



		Name:	
Our first	days together:		
What I f	irst thought about them:		
What th	ey first thought about me:		
,			





### OUR FAMILY

My Name: Why You Chose My Name: _ O		
Origin and Meaning of Family	/ Last Name:	
BROTHERS		SISTERS
	PARENTS	
	_	
UNCLES AND AUNTS		UNCLES AND AUNTS
GRANDPARENTS		GRANDPARENTS
GREAT-GRANDPARENTS		GREAT-GRANDPARENTS
ONE AT ON MOTATION		ONEMI GIVINDI / INLETTO
GREAT-GRANDPARENTS		GREAT-GRANDPARENTS



CALENDAR DATE:

TIME OF DAY:



WEATHER:

MY NEW NAME:

THE JUDGE + LEGAL TEAM:

FAMILY + FRIENDS WHO CAME:



pictures of me



pictures of me



ATTACH BIRTH CERTIFICATE HERE
BEST IF PUT IN A SHEET PROTECTOR



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: Height: What I remember about my mor	Weight:		
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
DIVOTITIENS		JIJTENO
	PARENTS	
	FAILLINIS	
UNCLES AND AUNTS		UNCLES AND AUNTS
ONOLLO / IIID / IOITIO		STOLLS FIRE FROM
GRANDPARENTS		GRANDPARENTS
GREAT-GRANDPARENTS		GREAT-GRANDPARENTS
ONE/II ON/INDI/INCINIO		ONLAN ON WOLLAND
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

			Dir diri darior
		Name:	
		Date of Birth:	
		Place of Birth:	
		Blood Type:	
		Mother's Maiden Nam	ne:
		Father's Name:	
		Race:	
ATTACH A PHO	DTO HERE		
		Hair Color:	Eye Color:
		Height:	Weight:
		What I remember abo	ut my dad:
MILY HISTORY:			
Alcohol or Drug Abuse	Genetic Disorder	STD/HIV/AIDS	
Anxiety, Depression, Psychiatric Illness	Heart Disease	Stroke/TIA	
Anesthesia Complications	High Blood Pressure	Tuberculosis	
] Cancer	High Cholesterol	Other/Notes:	
] Diabetes	Liver Disease		
	_		



# OUR FAMILY

My Name:		
Why You Chose My Name: $\_$		
Origin and Meaning of Family	/ Last Name:	
BROTHERS		SISTERS
DIVOTITIENS		JIJTENO
	PARENTS	
	FAILLINIS	
UNCLES AND AUNTS		UNCLES AND AUNTS
ONOLLO / IIID / IOITIO		STOLLS FIRE FROM
GRANDPARENTS		GRANDPARENTS
GREAT-GRANDPARENTS		GREAT-GRANDPARENTS
ONE/II ON/INDI/INCINIO		ONLAN ON WOLLAND
GREAT-GRANDPARENTS		GREAT-GRANDPARENTS



### OUR FAMILY

Family Name:
Family Heritage and Ethnicity:
Family Religious Beliefs:
Family Traditions:
Family Holidays and Celebrations:
Family Recipes:



What I remembe	r about my siblings: _				
 Name:			Name:		
	Brother / Sister	, ,	Male / Female		Full / Half / Step
			Place of Birth:		
	Eye Color:		Hair Color:	Eye Color:	
Height:	Weight:		Height:	Weight:	
Name:			Name:		
	Brother / Sister	, ,	Male / Female Date of Birth:	Brother / Sister	, ,
Place of Birth:			Place of Birth:		
	Eye Color:		Hair Color:	Eye Color:	
Height:	Weight:		Height:	Weight:	



Notes:	 	 	



#### ATTACH THE EARLIEST BABY PHOTO HERE

TH		OT	٦Λ ٦	
ΙН	-		ΛΙ	
		()	H	( )

Hair Color:

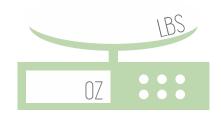
City, State: Eye Color:

Name:

Doctor: Skin Color:

Hospital: Blood Type:

#### WEIGHS





### FIRST THOUGHTS

INCHES LONG



**CALENDAR DATE:** 

TIME OF DAY:



WEATHER:

National Leaders:			
World Leaders:			
Headlines:			
 Popular Entertainers:			
Popular Songs:			
Best-Selling Authors:			
Hit TV Shows:			
Sports Stars:			
 Fashion Trends:			



NEWSPAPER CLIPPING

#### THE PRICE OF:

ATTACH A GROCERY RECEIPT HERE

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:

# haby'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 What's New	WEIGHT: HEIGHT: TEETH:	V
Milestones		
Favorites  family outing	s & activities	

M	DI	th		П: Г:	
		2		•	
What	's New				
Milest	iones <sub>-</sub>				
Favor	ites _				
			0 0	activil	

MONJA WEIGHT:	, Mr.
What's New	7
Milestones	
Favorites	
family outings & activities	

	o burnes o
Month What's New	WEIGHT: HEIGHT: TEETH:
Milestones	
Favorites	
family outing	s & activities

Month What's New	WEIGHT: HEIGHT: TEETH:
Milestones	
Favorites	
family outing	s & activities

o X	nh	WEIGHT: HEIGHT: _	
	6	TEETH:	
What's Ne	%W		
Milestones	S		
Favorites			
			activitie

THE	EIGHT: IGHT: ETH:
What's New Milestones	
Favorites	
family outings	l activities

What's New	WEIGHT: HEIGHT: TEETH:
Milestones	
Favorites	
family outing	s & activities

Month Shew	WEIGHT: HEIGHT: TEETH:
Milestones	
Favorites	
family outing	s & activities

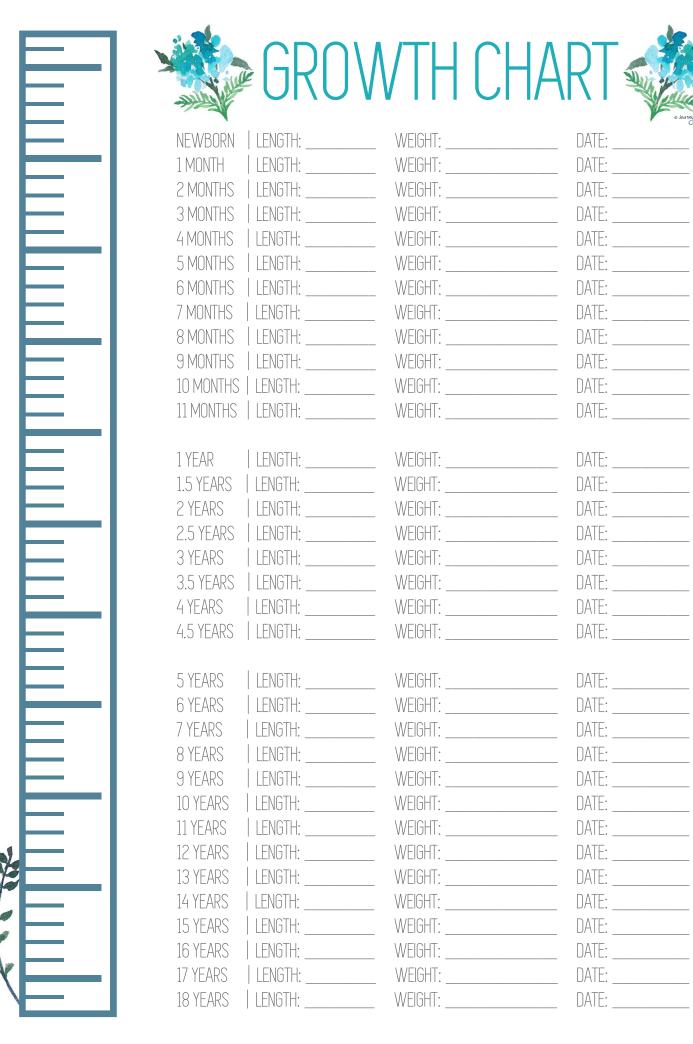
or s		WEIGHT: HEIGHT:
	10	TEETH:
What's Nev	N	
Milestones		
Favorites		
		l activil

month 11	WEIGHT: HEIGHT: TEETH:
What's New	
Milestones	
Favorites	
family outings	s & activities

	10	WEIGHT: _ HEIGHT: _	
What's New		TEETH:	
whats wew			
Milestones			
 Favorites			
_			



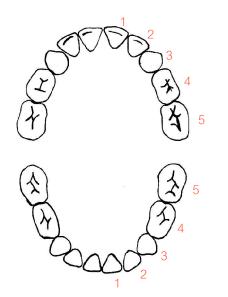
My personality is really developing:	
Things I do best:	
Activities   enjoy:	
My friends:	
Places I like to go:	
Things that scare me:	
My pets:	
People I like to spend time with:	
Favorite Words:	The ABC's:
	To Count:
	My Name:
Favorite Songs:	My First Sentences:
Favorite Books:	To Read:
	To Write:
Favorite Toys:	Tie My Shoes:
	To Ride a 2-Wheeler:
Some bumps and bruises:	To Use the Potty:
	To Dress Myself:









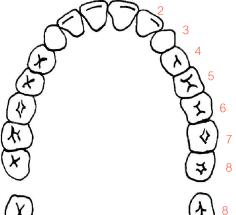


#### Baby Teeth: Top

,	The second secon		
#] (	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:
	ŭ	

#### Adı

L	ılt Teeth: Bottor	$\cap$	
	#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		Left.



Pediatrician: Office Address:			umber:	My Blood Type: My First Visit:
		Date	Reaction	
Diptheria Tetanus Pertussis	DTaP:			
Polio Vaccine	IPV:			
Measles Mumps Rubella	MMR:			
Haemophilus	HIB:		 	
Hepatitis B	НерВ:			
Pneumococcal Conjugate	PVC:			
Varicella (Chicker	n Pox):		 	
Rotavirus	RV:			
Other:				



The First School   Attended:		
My Teacher(s):		
My Principal:		
How I Felt Before School:		
How I Felt After School:		
Friends I Made:		
New Things   Learned:		
My Favorite Part of the Day:		

grade	School Name:
	School Address:
	Teacher(s):
	Principal:
O. S.	Vice Principal:
Favorite Subject:	
Achievements:	
Memories:	
	e stormen and Drawn

grade	School Name:School Address: Teacher(s): Principal: Vice Principal:
Favorite Subject:	rice i i i i i i i i i i i i i i i i i i
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West of the last o	
grade	School Name:
	School Address:
SIL OL .	Teacher(s):
	Principal:
THE STATE OF THE S	Vice Principal:
*	
Memories:	
	D Across

grade	School Name:
gum	School Address:
	Teacher(s):
	Principal:
Favorita Subject	Vice Principal:
Aphiovomento:	
EXITA CUMCUIAL ACTIVITIES: _	
Dest Friends:	
Memories:	
	e surround

A TOWN	School Nama:
grade 3	School Name:
	School Address:
The second second	Teacher(s):
W. W. W.	Principal:
The star	Vice Principal:
Favorite Subject:	
Achievements:	
	c turney and tree

What was a second	
grade	School Name:
The state of the s	School Address:
AN O	Teacher(s):
	Principal:
	Vice Principal:
Most Challenging Subject: _	
Achievements:	
Extra Curricular Activities: _	
Best Friends:	
Memories:	
	C brings of
I and the second	1.1

and a second	School Name:
grade	School Address:
3 L 1	Teacher(s)
	Teacher(s):Principal:
	•
Equarita Subject:	Vice Principal:
	S. Interest
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grade	School Name:
	School Address:
	Teacher(s):
Jan Wall	Principal:
(6)	Vice Principal:
Favorite Subject:	
	,
	e stormes and itera

MA TOPEN	Cabaal Nama:
grade	School Name:
O	School Address:
	Teacher(s):
	Principal:
	Vice Principal:
,	
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grade	School Name:
	School Address:
	Teacher(s):
	Principal:
	Vice Principal:
Favorite Subject:	
Achievements:	
Best Friends:	
Memories:	

grade 10	School Name:School Address:Teacher(s):Principal:
The state of the s	Vice Principal:
· ·	
Memories:	

THE WAR	
ande.	School Name:
	School Address:
AIL 11	Teacher(s):
	Principal:
The second second	Vice Principal:
Most Challenging Subject: _	
Achievements:	
Memories:	

	Calcal Nana
grade	School Name:
10%	School Address:
	Teacher(s):
	Principal:
	Vice Principal:
Favorite Subject:	
Achievements:	



# 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		
J /		
My hopes and dreams:		



went to my first dance with	
	on the night of
Funny moments from the night:	
Popular songs:	
Fun dances:	
My memories from the night:	



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:
Daté 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:



Date   started:		
Where I worked:		
My position:		
Memories:		



Details and Memor	ies:			



Details and Memories:		







Details and Memories:	



Details and Memories:	

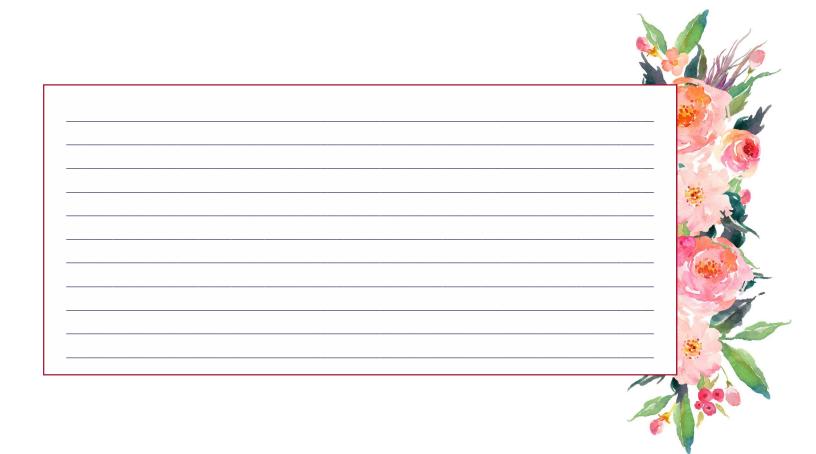


port I played:
port   played: psition(s)   played: ates   Played: pach:
ates I Played:
pach:
ssistant Coach:
eammates:
y Stats:
<b>'</b>
ther Details and Memories:

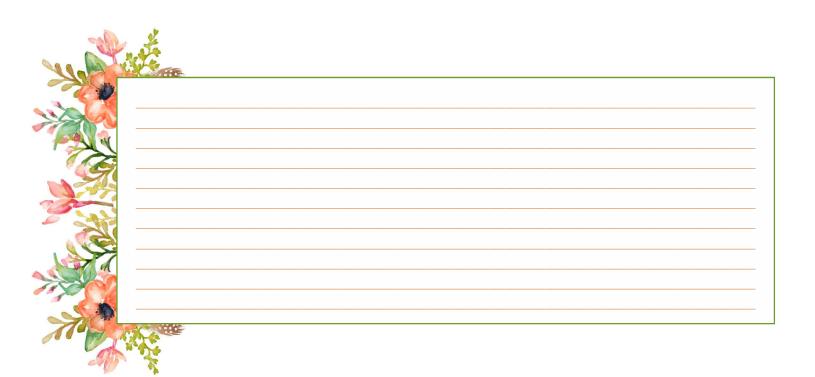


Sport I played:	
Sport   played:	
Dates I Played:	
Coach:	
Assistant Coach:	
Teammates:	
My Stats:	
Other Details and Memories:	




















### fun celebrations











