

life book

PAGES

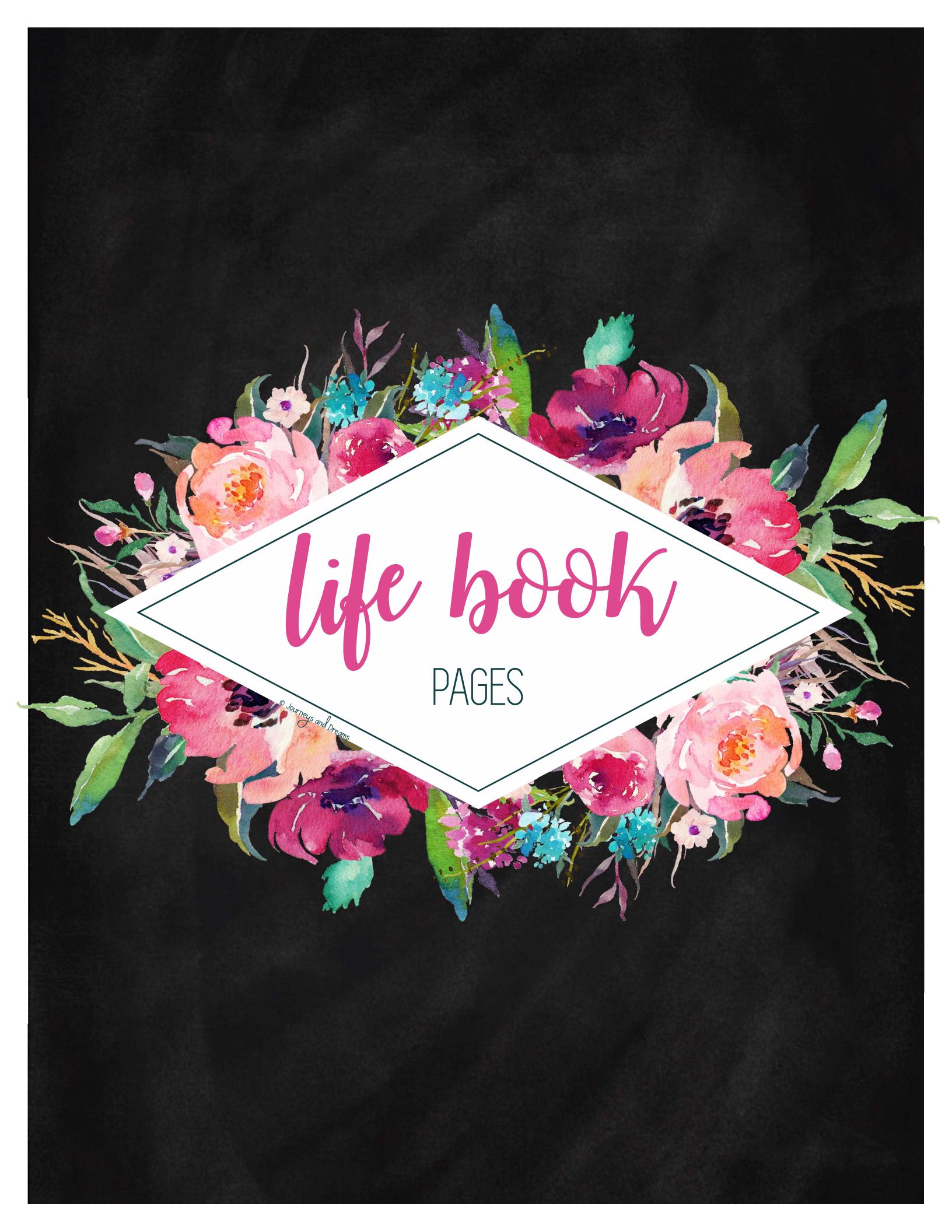




life book

PAGES

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life book

PAGES

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my life Story

© Journeys and Dreams



life book

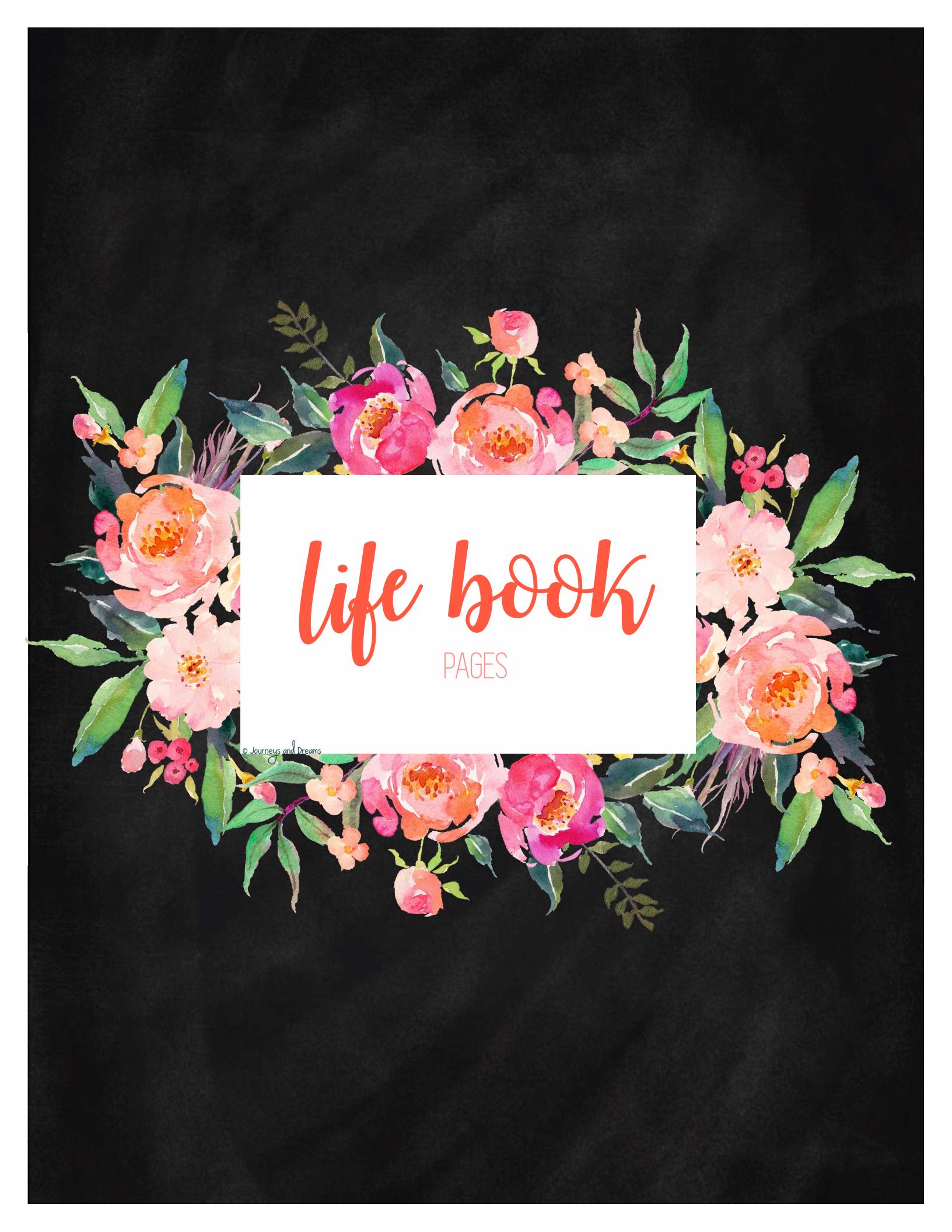
PAGES

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my life Story

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life book

PAGES

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life book

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LIFE BOOK PAGES



My Life Memory Pages

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LIFE BOOK PAGES

LIFE BOOK PAGES

life book
PAGES

LIFE BOOK PAGES

LIFE BOOK PAGES

life book
PAGES

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CHILD IDENTIFICATION FORM



FULL NAME: _____

NICKNAME: _____ DATE FORM FILLED OUT: _____

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: _____



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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

Notes: _____



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: _____



My Foster Siblings

ATTACH A PHOTO HERE

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

my adoptive family

ATTACH A PHOTO HERE

Notes: _____



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: _____

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: _____

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 family

My Adoptive Extended Family

ATTACH A PHOTO HERE

Notes:



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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

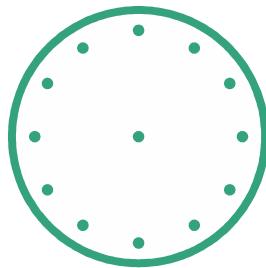
GREAT-GRANDPARENTS



adoption day

CALENDAR DATE:

TIME OF DAY:



:
AM / PM

WEATHER:

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



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BIRTH CERTIFICATE

ATTACH BIRTH CERTIFICATE HERE
BEST IF PUT IN A SHEET PROTECTOR



HANDPRINTS

© Journeys and Dreams

Date: _____



FOOTPRINTS

Date: _____



Birth Mother

Name: _____

Date of Birth: _____

Place of Birth: _____

Blood Type: _____

Mother's Maiden Name: _____

Father's Name: _____

Race: _____

Ethnicity: _____

ATTACH A PHOTO HERE

Family Origin: _____

Tribal Affiliation: _____

Clan Name: _____

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: _____



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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



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OUR FAMILY

Family Name: _____

Family Heritage and Ethnicity: _____

Family Religious Beliefs: _____

Family Traditions: _____

Family Holidays and Celebrations: _____

Family Recipes: _____



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:

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: _____



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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



© Journeys and Dreams

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

Notes: _____



ATTACH THE EARLIEST BABY PHOTO HERE

THE STATS

Name:

Hair Color:

City, State:

Eye Color:

Doctor:

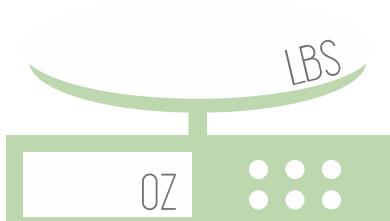
Skin Color:

Hospital:

Blood Type:

FIRST THOUGHTS

WEIGHS



BORN AT

:

AM / PM





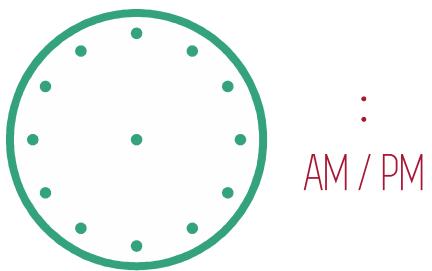
on The day I ARRIVED



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

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: _____

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: _____

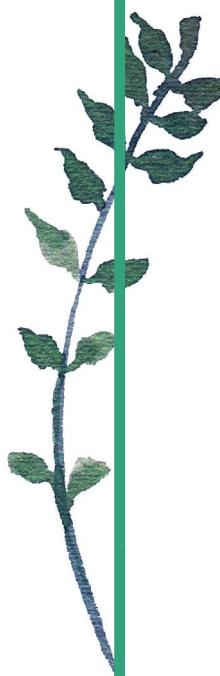
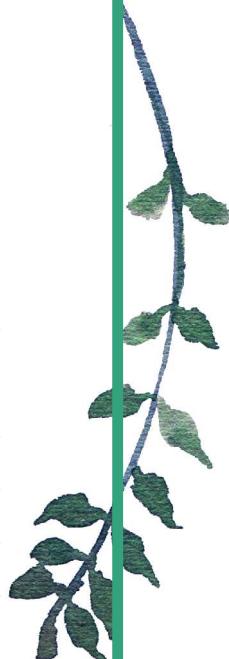
Gave or blew a kiss: _____

Danced: _____

Hair Cut: _____

Favorite songs and lullabies: _____

Favorite toys and games: _____



month 1



What's New _____

Milestones _____

Favorites _____

family outings & activities

WEIGHT: _____

HEIGHT: _____

TEETH: _____

What's New _____

Milestones _____

Favorites _____

family outings & activities

month 2



What's New _____

Milestones _____

Favorites _____

family outings & activities

WEIGHT: _____
HEIGHT: _____
TEETH: _____

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 7

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 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 11



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 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: _____

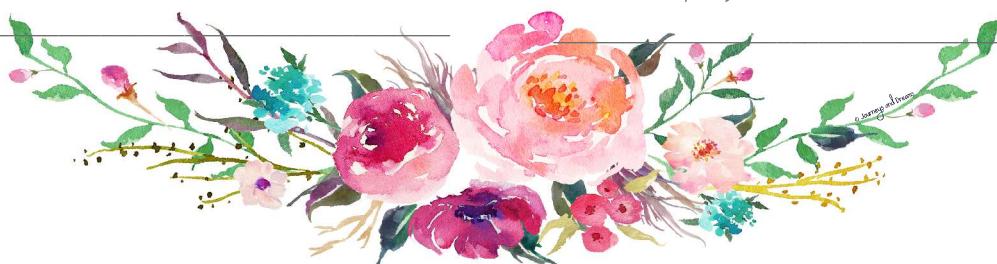
To Write: _____

Tie My Shoes: _____

To Ride a 2-Wheeler: _____

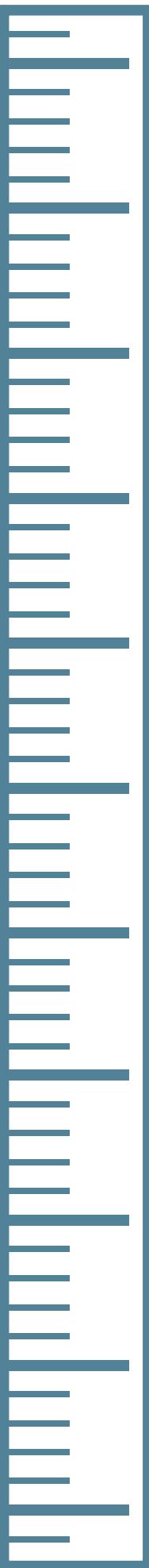
To Use the Potty: _____

To Dress Myself: _____





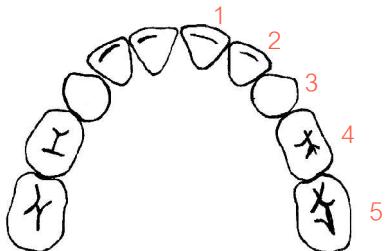
GROWTH CHART



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:

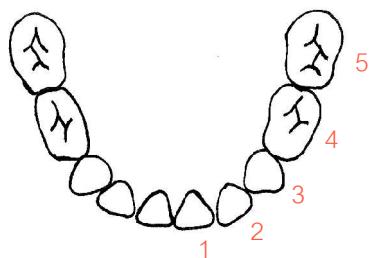


My Teeth



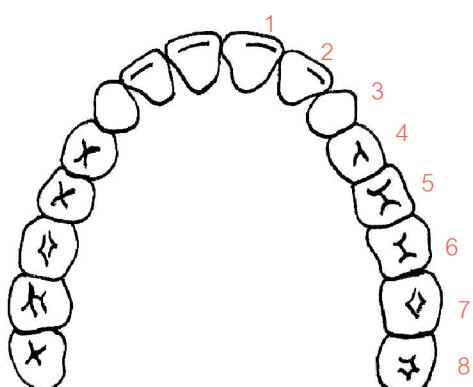
Baby Teeth: Top

- | | | |
|--------------------|--------|-------|
| #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: |



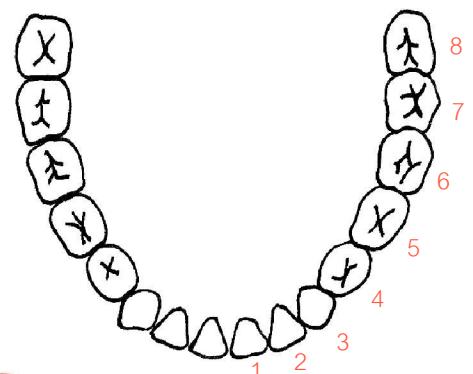
Baby Teeth: Bottom

- | | | |
|--------------------|--------|-------|
| #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

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

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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: _____





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: _____



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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



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MY FIRST JOB

ATTACH PHOTOS HERE

Date I started: _____

Where I worked: _____

My position: _____

Memories: _____

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

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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: _____

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

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FUN FAMILY CELEBRATIONS

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fun celebrations

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MEMORIES

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MEMORIES

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