

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.)

LIFE BOOK PAGES

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LIFE BOOK PAGES

2 inch Binder Spine



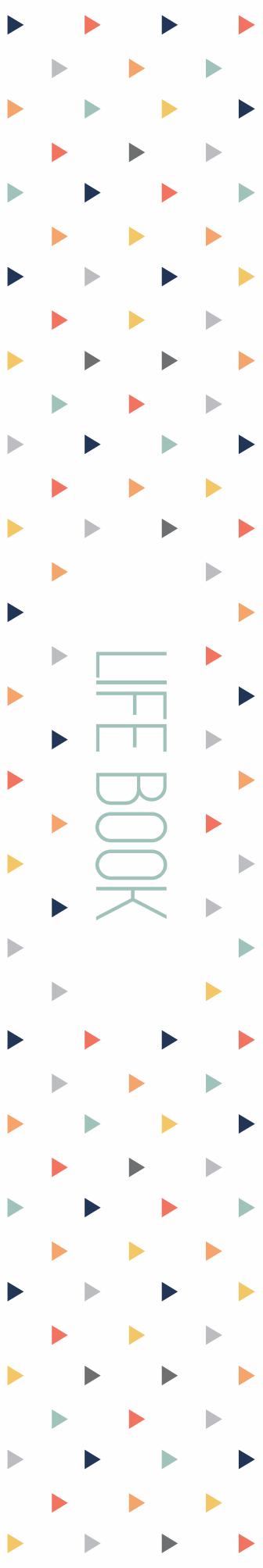
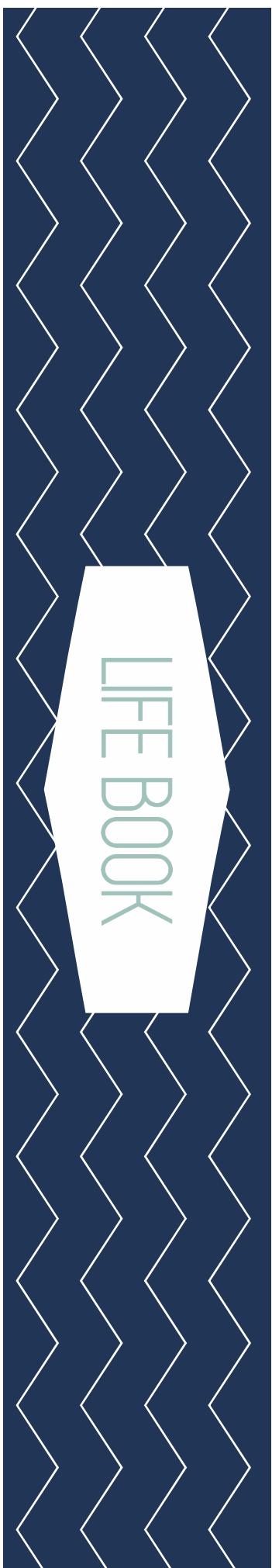
Use cut lines as a guide to print an 8x10in sign.
[etsy.com/shop/JOURNEYSandDREAMS](https://www.etsy.com/shop/JOURNEYSandDREAMS)



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LIFE BOOK

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



1" and 1.5" inch binder spine

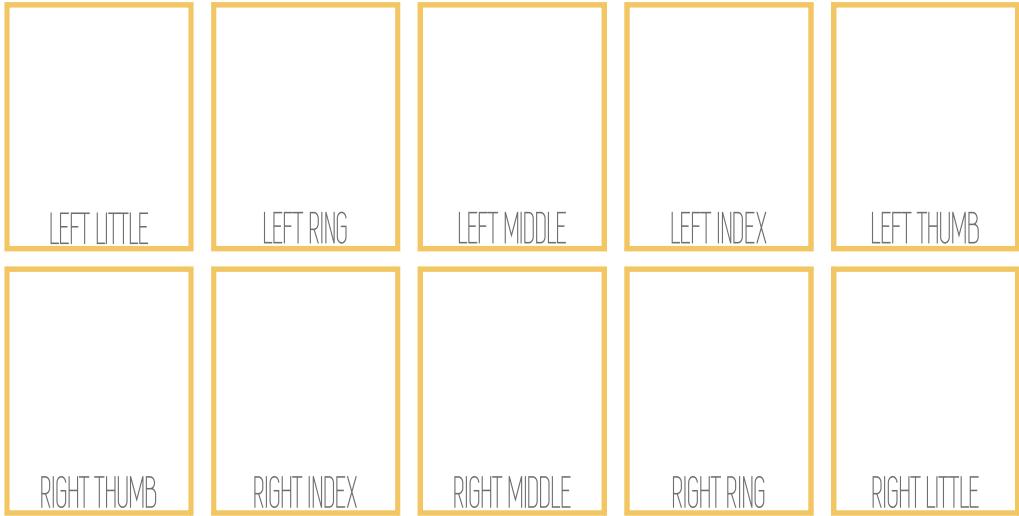


1" and 1.5" inch binder spine
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CHILD IDENTIFICATION FORM

ATTACH A PHOTO HERE

DATE OF PHOTO: _____



Date Form 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.):

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:

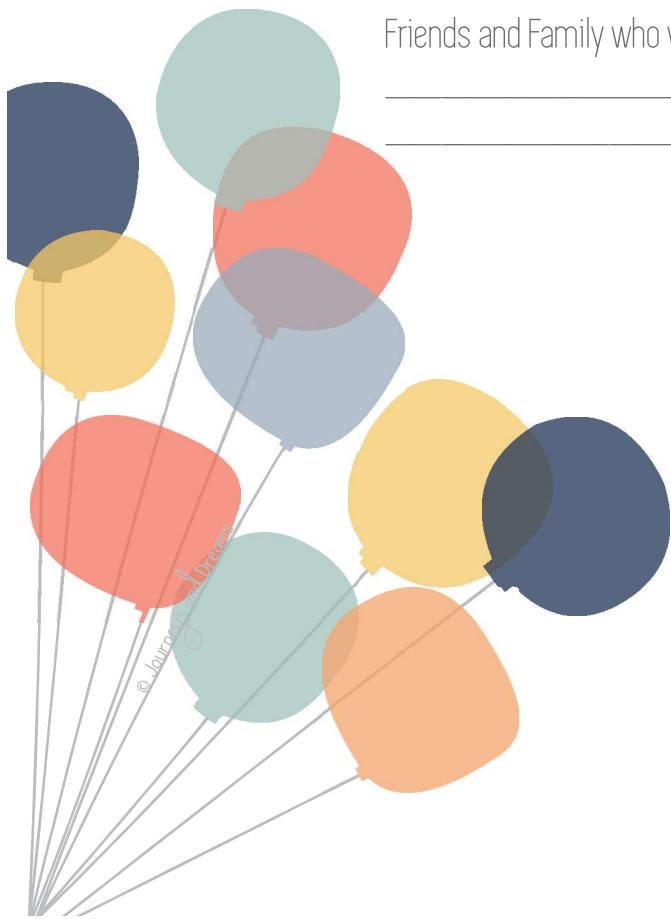
MY FOSTER FAMILY

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

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: _____

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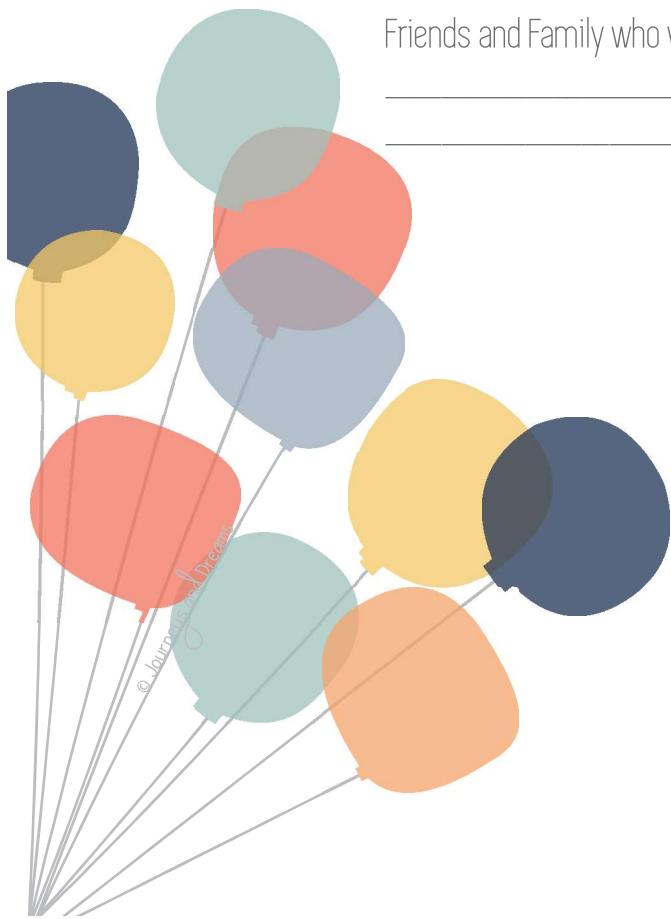
MY ADOPTIVE FAMILY

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: _____

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:

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

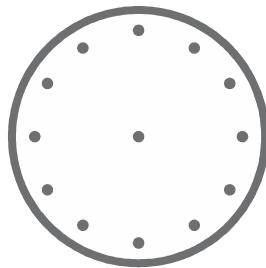
GREAT-GRANDPARENTS

GREAT-GRANDPARENTS

ADOPTION DAY

CALENDAR DATE:

TIME OF DAY:



:
AM / PM

WEATHER:



MY NEW NAME:

THE JUDGE + LEGAL TEAM:

FAMILY + FRIENDS WHO CAME:

ADOPTION DAY

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ATTACH PHOTOS HERE



PICTURES OF ME



ADOPTION DAY

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PICTURES OF FAMILY AND FRIENDS

ATTACH PHOTOS HERE

BIRTH CERTIFICATE

ATTACH BIRTH CERTIFICATE HERE
BEST IF PUT IN A SHEET PROTECTOR

Handprints

Date: _____

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Footprints

Date: _____

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MY BIRTH FAMILY

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: _____

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



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: _____

ATTACH A PHOTO HERE

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

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:

Hair Color:

City, State:

Eye Color:

Doctor:

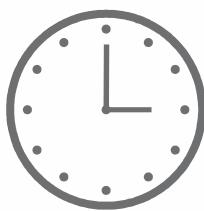
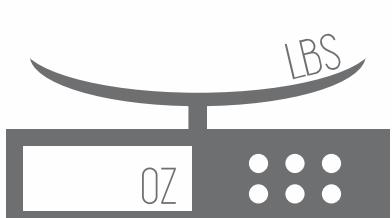
Skin Color:

Hospital:

Blood Type:

FIRST THOUGHTS

WEIGHS



BORN AT

:

AM / PM



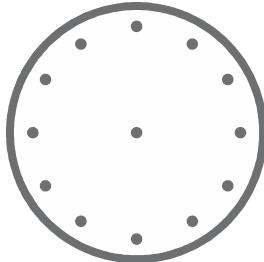
INCHES LONG

ON THE DAY I ARRIVED

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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

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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

3

Weight: _____

Height: _____

Teeth: _____

What's New _____

Milestones _____

Favorites _____

Family Outings & Activities

MONTH

2

Weight: _____

Height: _____

Teeth: _____

What's New _____

Milestones _____

Favorites _____

Family Outings & Activities

© Journeys and Dreams

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 _____

© Journeys and Dreams

MONTH

9

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

10

Weight: _____

Height: _____

Teeth: _____

What's New _____

Milestones _____

Favorites _____

Family Outings & Activities

© Journeys and Dreams

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: _____

The ABC's: _____

Favorite Songs: _____

To Count: _____

Favorite Books: _____

My Name: _____

Favorite Toys: _____

My First Sentences: _____

Some bumps and bruises: _____

To Read: _____

To Write: _____

Tie My Shoes: _____

To Ride a 2-Wheeler: _____

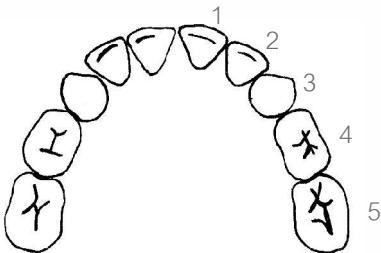
To Use the Potty: _____

To Dress Myself: _____

GROWTH CHART

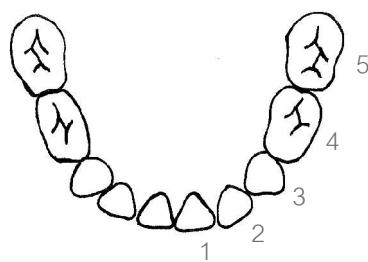
NEWBORN	LENGTH: _____	WEIGHT: _____	DATE: _____
1 MONTH	LENGTH: _____	WEIGHT: _____	DATE: _____
2 MONTHS	LENGTH: _____	WEIGHT: _____	DATE: _____
3 MONTHS	LENGTH: _____	WEIGHT: _____	DATE: _____
4 MONTHS	LENGTH: _____	WEIGHT: _____	DATE: _____
5 MONTHS	LENGTH: _____	WEIGHT: _____	DATE: _____
6 MONTHS	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



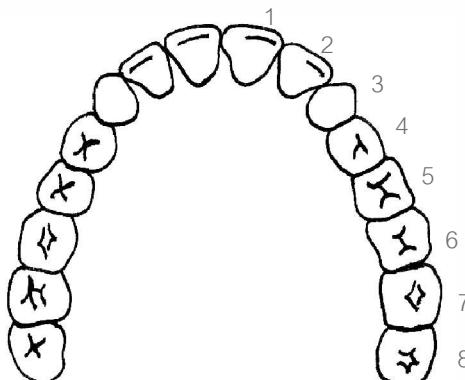
Baby Teeth: Top

- #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: _____



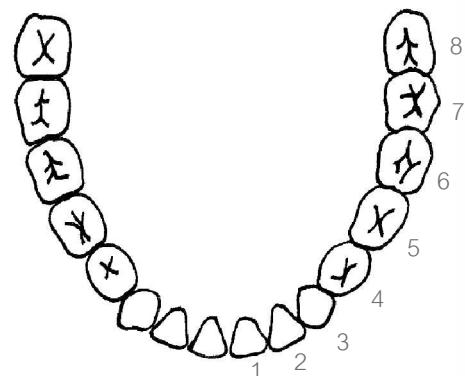
Baby Teeth: Bottom

- #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

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: _____

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GRADE 1

School Name: _____

School Address: _____

Teacher(s): _____

Principal: _____

Vice Principal: _____

Favorite Subject: _____

Most Challenging Subject: _____

Achievements: _____

Extra Curricular Activities: _____

Best Friends: _____

Memories: _____

GRADE 2

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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GRADE 3

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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GRADE 4

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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GRADE 5

School Name: _____

School Address: _____

Teacher(s): _____

Principal: _____

Vice Principal: _____

Favorite Subject: _____

Most Challenging Subject: _____

Achievements: _____

Extra Curricular Activities: _____

Best Friends: _____

Memories: _____

GRADE 6

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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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: _____

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GRADE 9

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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GRADE 10

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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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: _____

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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

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:



© Jane's
Sweet Dreams

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

FUN CELEBRATIONS

ATTACH PHOTOS HERE

Details and Memories:



MEMORIES

ATTACH PHOTOS HERE

MEMORIES

ATTACH PHOTOS HERE

MEMORIES

ATTACH PHOTOS HERE

MEMORIES

ATTACH PHOTOS HERE

MEMORIES

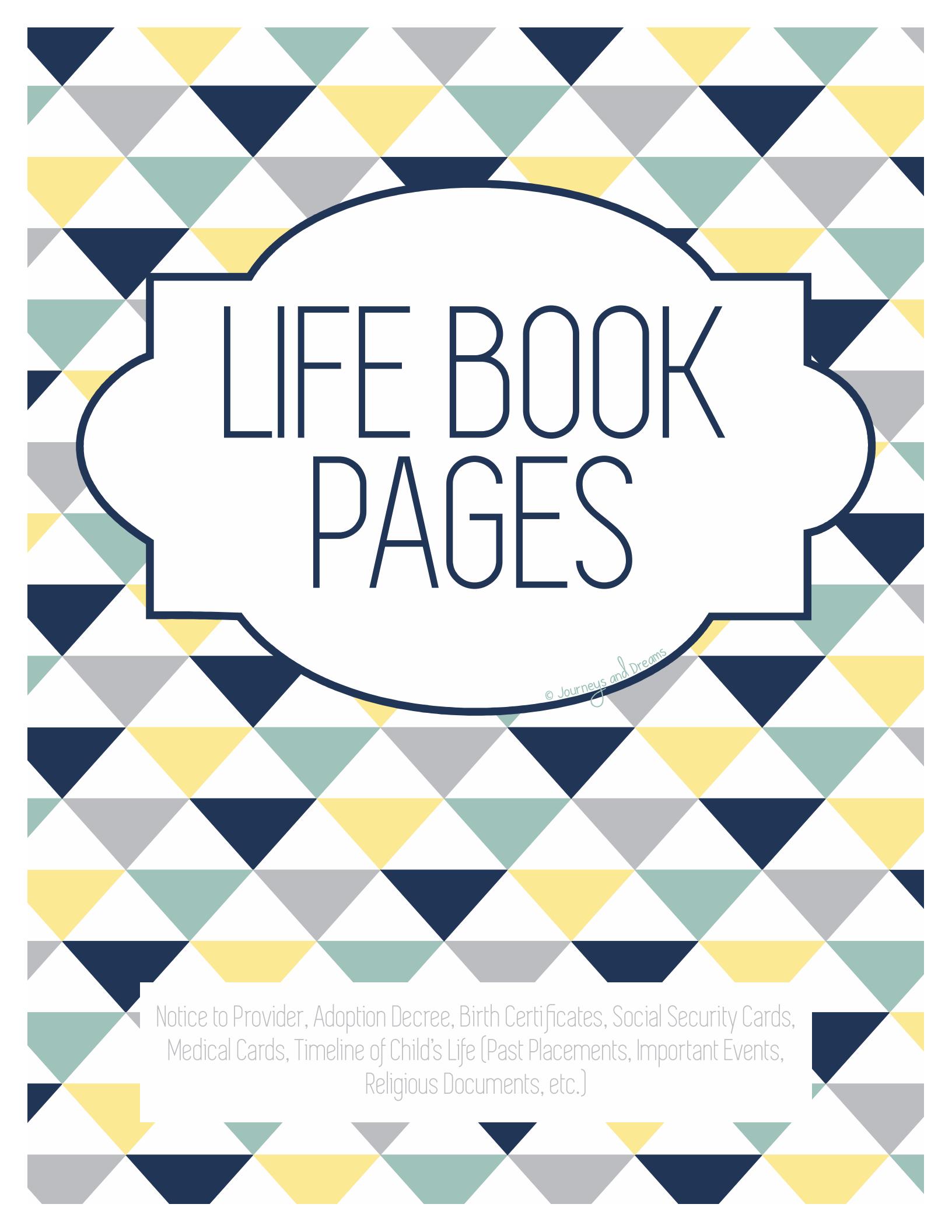
ATTACH PHOTOS HERE

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.)



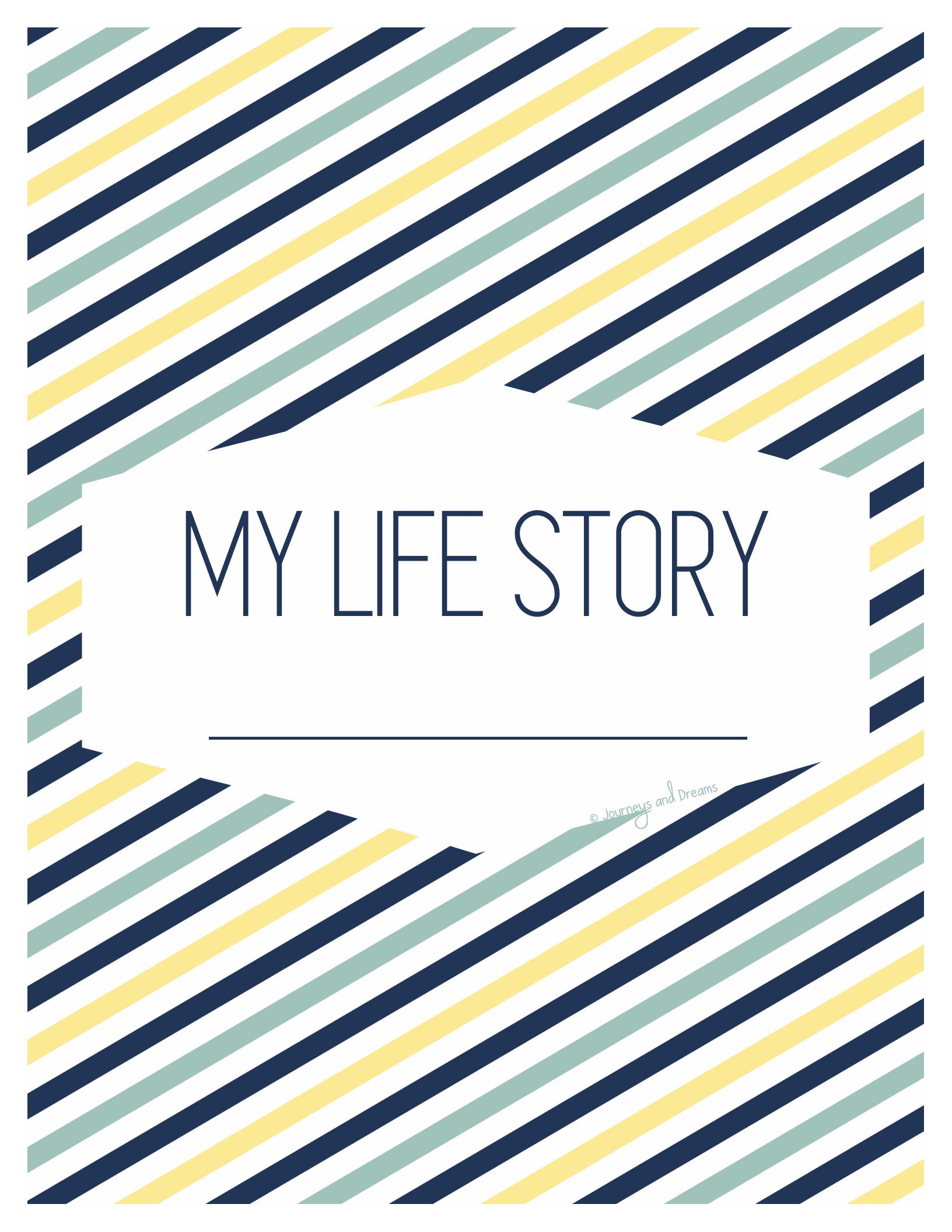
MY LIFE STORY

© Journeys and Dreams



LIFE BOOK PAGES

© Journeys and Dreams



MY LIFE STORY

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LIFE BOOK PAGES

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MY LIFE STORY

© Journeys and Dreams



LIFE BOOK PAGES

© Journeys and Dreams

MY LIFE STORY

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2 inch Binder Spine



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FOSTER CARE LIFE BOOK



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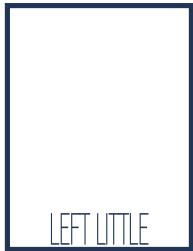


CHILD IDENTIFICATION FORM

© Journeys and Dreams

ATTACH A PHOTO HERE

DATE OF PHOTO: _____



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: _____

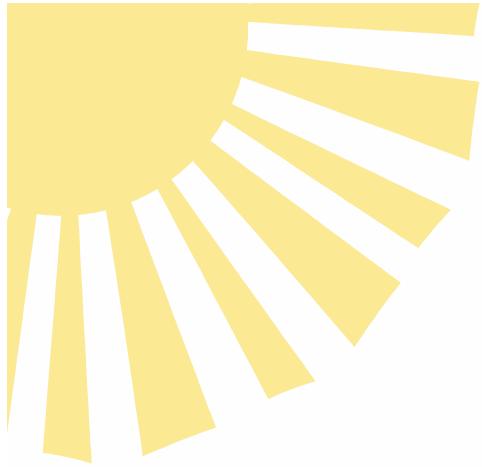
You came here because: _____

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 _____

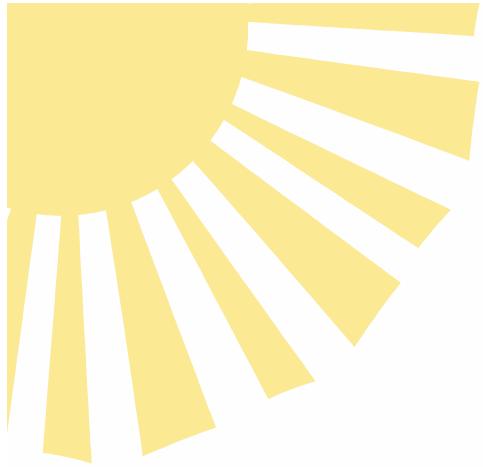
What usually made you smile or laugh was _____

The most difficult time was _____

We felt most proud of you when _____

The most special thing about you is _____

We hope you continue to _____

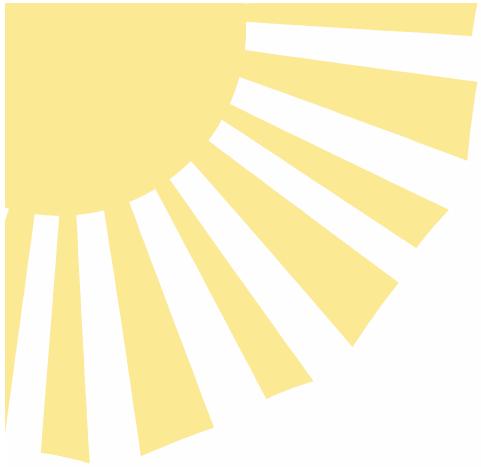


FOSTER PARENTS

© Journeys and Dreams

ATTACH A PHOTO HERE

Notes: _____



FOSTER PARENTS

© Journeys and Dreams

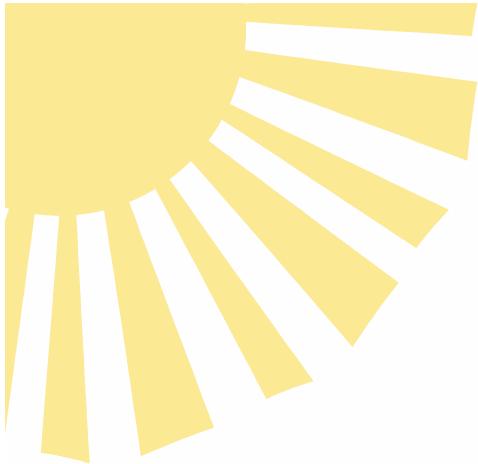
ATTACH A PHOTO HERE

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: _____

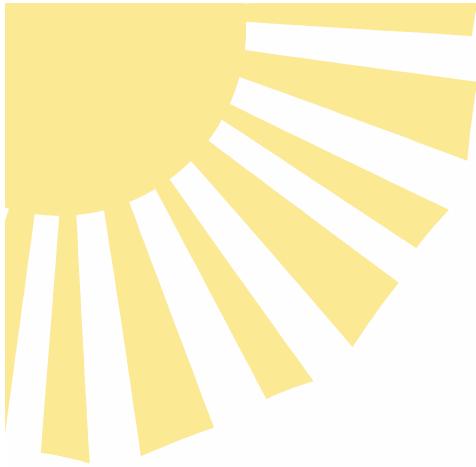
ATTACH A PHOTO HERE

Our favorite things to do together: _____

Memories we share: _____

Something important she taught me: _____

What she wants me to remember: _____



FOSTER PARENTS

© Journeys and Dreams

Foster Father

Name: _____

Race/Ethnicity: _____

Hair Color: _____ Eye Color: _____

What I remember about my foster dad: _____

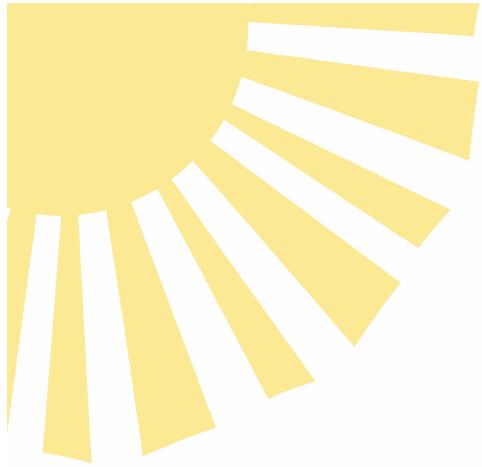
ATTACH A PHOTO HERE

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

© Journeys and Dreams

ATTACH A PHOTO HERE

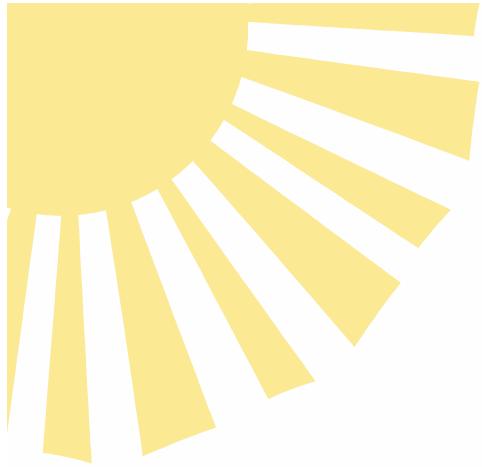
Name: _____ Brother/Sister Name: _____ Brother/Sister

What I remember about my foster siblings: _____

Our favorite things to do together: _____

Memories we share together: _____

Other things I want to remember: _____



MY FOSTER FAMILY

My Extended Foster Family

© Journeys and Dreams

ATTACH A PHOTO HERE

Notes: _____



You are my
SUNSHINE

MY ADOPTIVE FAMILY

ATTACH A PHOTO HERE

Notes: _____

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: _____

Adoptive Mother

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: _____

You are my SUNSHINE



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: _____

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

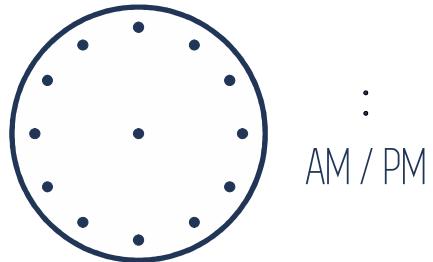
GREAT-GRANDPARENTS

ADOPTION DAY

© Journeys and Dreams

CALENDAR DATE:

TIME OF DAY:



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.

ATTACH PHOTOS HERE

PICTURES OF FAMILY AND FRIENDS

BIRTH CERTIFICATE

ATTACH BIRTH CERTIFICATE HERE
BEST IF PUT IN A SHEET PROTECTOR

Handprints

Date: _____

© Journeys and Dreams

Footprints

Date: _____

© Journeys and Dreams

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: _____

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: _____

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: _____

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: _____

ATTACH A PHOTO HERE

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

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: _____

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 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 Extended Birth Family

ATTACH A PHOTO HERE

Notes: _____

BABY MEMORIES

ATTACH THE EARLIEST BABY PHOTO HERE

THE STATS

Name:

Hair Color:

City, State:

Eye Color:

Doctor:

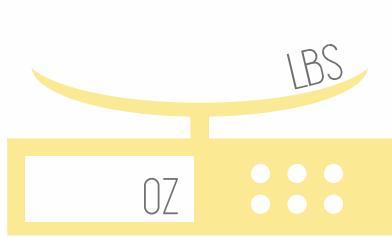
Skin Color:

Hospital:

Blood Type:

FIRST THOUGHTS

WEIGHS



BORN AT

:

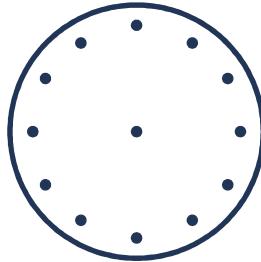
AM / PM



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

3

Weight: _____

Height: _____

Teeth: _____

What's New _____

Milestones _____

Favorites _____

Family Outings & Activities _____

MONTH

2

Weight: _____

Height: _____

Teeth: _____

What's New _____

Milestones _____

Favorites _____

Family Outings & Activities _____

© Journeys and Dreams

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

© Journeys and Dreams

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

11

Weight: _____

Height: _____

Teeth: _____

What's New _____

Milestones _____

Favorites _____

Family Outings & Activities _____

MONTH

10

Weight: _____

Height: _____

Teeth: _____

What's New _____

Milestones _____

Favorites _____

Family Outings & Activities _____

© Journeys and Dreams

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: _____

The ABC's: _____

Favorite Songs: _____

To Count: _____

Favorite Books: _____

My Name: _____

Favorite Toys: _____

My First Sentences: _____

Some bumps and bruises: _____

To Read: _____

To Write: _____

Tie My Shoes: _____

To Ride a 2-Wheeler: _____

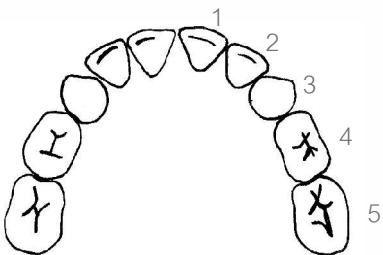
To Use the Potty: _____

To Dress Myself: _____

GROWTH CHART

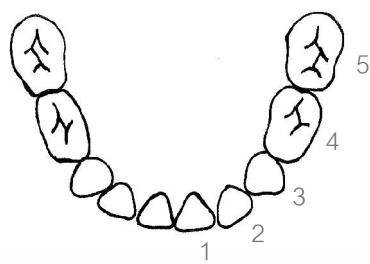
NEWBORN	LENGTH: _____	WEIGHT: _____	DATE: _____
1 MONTH	LENGTH: _____	WEIGHT: _____	DATE: _____
2 MONTHS	LENGTH: _____	WEIGHT: _____	DATE: _____
3 MONTHS	LENGTH: _____	WEIGHT: _____	DATE: _____
4 MONTHS	LENGTH: _____	WEIGHT: _____	DATE: _____
5 MONTHS	LENGTH: _____	WEIGHT: _____	DATE: _____
6 MONTHS	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



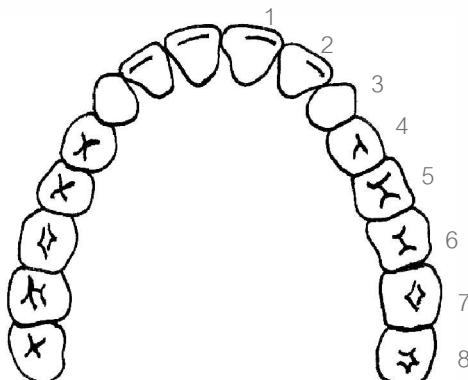
Baby Teeth: Top

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



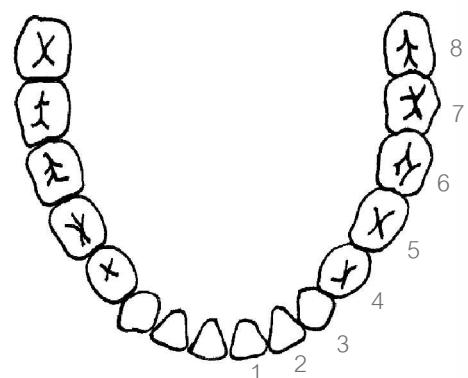
Baby Teeth: Bottom

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

© Journeys and Dreams

Pediatrician: _____ Phone Number: _____ My Blood Type: _____

Phone Number: _____ My Blood Type: _____

Office Address: _____ My First Visit: _____

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: _____

GRADE 1

School Name: _____

School Address: _____

Teacher(s): _____

Principal: _____

Vice Principal: _____

Favorite Subject: _____

Most Challenging Subject: _____

Achievements: _____

Extra Curricular Activities: _____

Best Friends: _____

Memories: _____

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: _____

GRADE 5

School Name: _____

School Address: _____

Teacher(s): _____

Principal: _____

Vice Principal: _____

Favorite Subject: _____

Most Challenging Subject: _____

Achievements: _____

Extra Curricular Activities: _____

Best Friends: _____

Memories: _____

GRADE 6

School Name: _____

School Address: _____

Teacher(s): _____

Principal: _____

Vice Principal: _____

Favorite Subject: _____

Most Challenging Subject: _____

Achievements: _____

Extra Curricular Activities: _____

Best Friends: _____

Memories: _____

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: _____

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: _____

© Journeys and Dreams

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:

© Journeys and Dreams

EXTRA CURRICULARS

ATTACH PHOTOS HERE

Details and Memories:

© Journeys and Dreams

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: _____

IMPORTANT HOLIDAYS

ATTACH PHOTOS HERE

FUN CELEBRATIONS

© Journeys and Dreams

ATTACH PHOTOS HERE

Details and Memories:

© Journeys and Dreams

MEMORIES

ATTACH PHOTOS HERE



© Journeys and Dreams

MEMORIES

ATTACH PHOTOS HERE

MEMORIES

ATTACH PHOTOS HERE

MEMORIES

ATTACH PHOTOS HERE

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MEMORIES

ATTACH PHOTOS HERE

You make me
HAPPY
When skies are gray

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MEMORIES

ATTACH PHOTOS HERE

MEMORIES

ATTACH PHOTOS HERE

© Journeys and Dreams

life book

PAGES

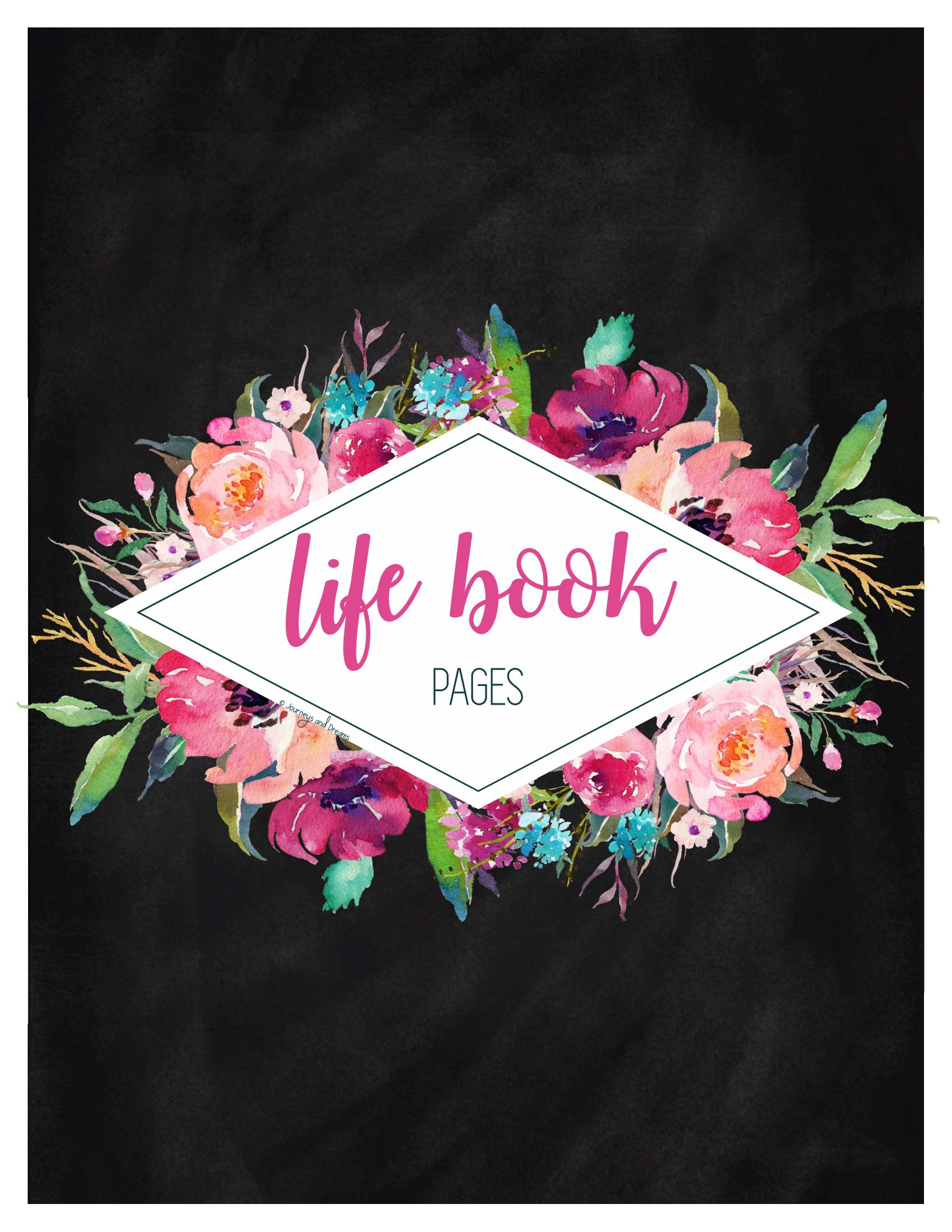




life book

PAGES

© Journeys and Dreams



life book

PAGES

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my life Story

© Journeys and Dreams



life book

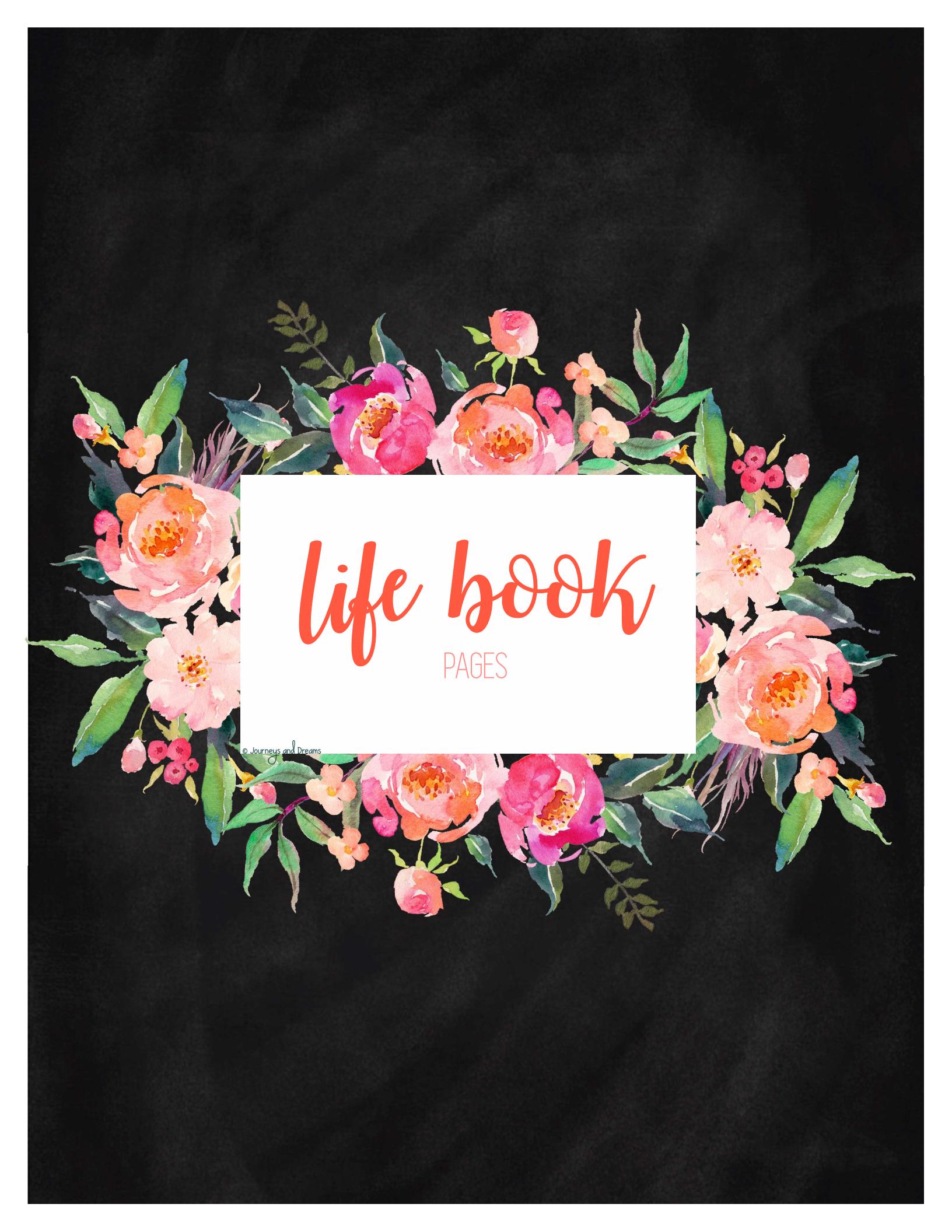
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my life Story

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life book

PAGES

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life book

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LIFE BOOK PAGES



LIFE BOOK PAGES

My Life
LIFE BOOK 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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1" and 1.5" inch binder spine



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

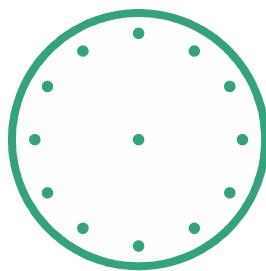
GREAT-GRANDPARENTS



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:

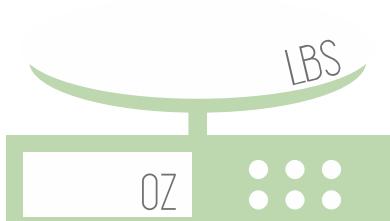
Skin Color:

Hospital:

Blood Type:

FIRST THOUGHTS

WEIGHS



BORN AT

:

AM / PM



INCHES LONG



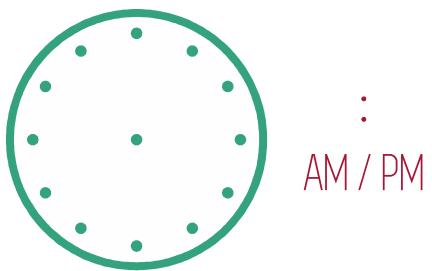
on The day I ARRIVED



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: _____



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: _____

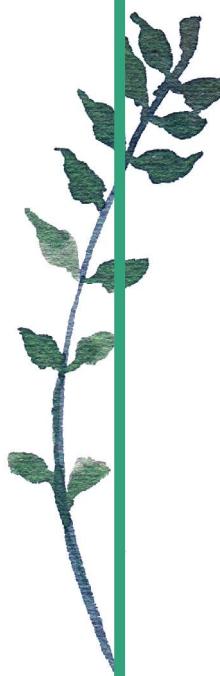
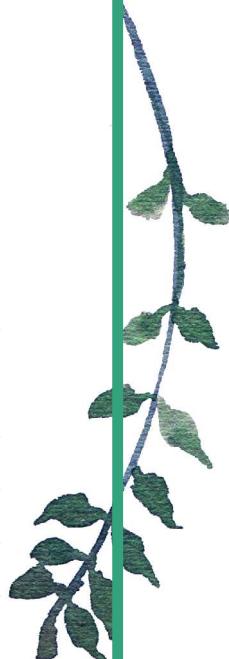
Gave or blew a kiss: _____

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



What's New _____

Milestones _____

Favorites _____

family outings & activities

WEIGHT: _____

HEIGHT: _____

TEETH: _____

month 4



What's New _____

Milestones _____

Favorites _____

family outings & activities

WEIGHT: _____

HEIGHT: _____

TEETH: _____

month 5



WEIGHT: _____
HEIGHT: _____
TEETH: _____

What's New _____

Milestones _____

Favorites _____

family outings & activities

e. Journeys and Dreams

month 6



WEIGHT: _____
HEIGHT: _____
TEETH: _____

What's New _____

Milestones _____

Favorites _____

family outings & activities

e. Journeys and Dreams

month 7



WEIGHT: _____
HEIGHT: _____
TEETH: _____

What's New _____

Milestones _____

Favorites _____

family outings & activities

e. Journeys and Dreams

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: _____

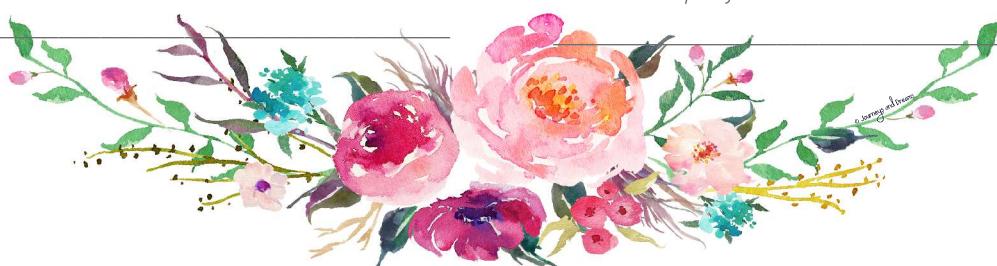
To Write: _____

Tie My Shoes: _____

To Ride a 2-Wheeler: _____

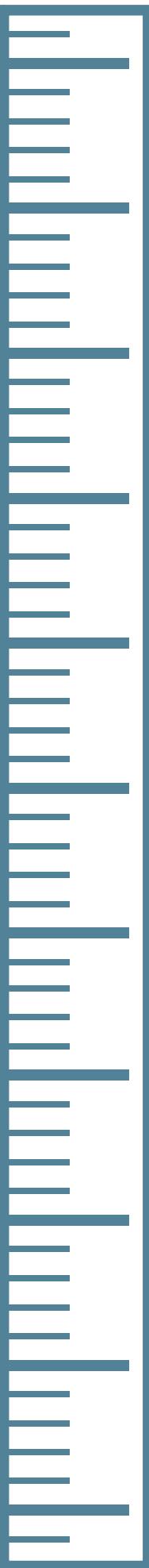
To Use the Potty: _____

To Dress Myself: _____





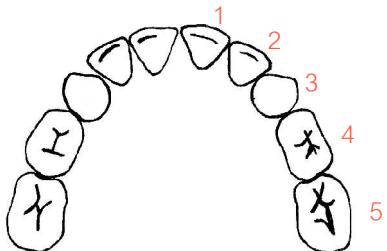
GROWTH CHART



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: _____

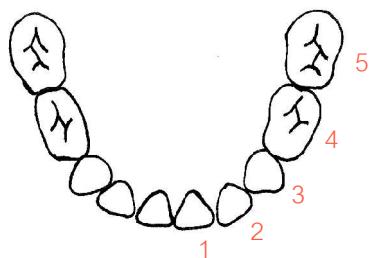


My Teeth



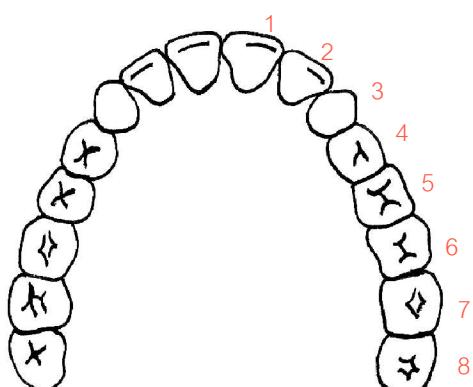
Baby Teeth: Top

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



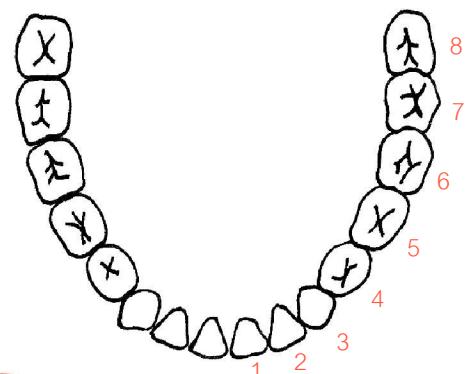
Baby Teeth: Bottom

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



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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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