




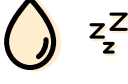





BABY'S MEAL / DAY PLANNER

DATE: _____

	M	T	W	T	F	S	S
							
							
							
							
							
							
							
							
							

 WAKE UP
  MILK FEED
  MEAL
  NAP TIME
  BATH TIME
  SLEEP TIME

Shopping List

FRUITS

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
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<input type="checkbox"/>	

WHERE TO SHOP

<input type="checkbox"/>	
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<input type="checkbox"/>	
<input type="checkbox"/>	

VEGETABLES

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<input type="checkbox"/>	
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MEAT

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<input type="checkbox"/>	
<input type="checkbox"/>	

DAIRY

<input type="checkbox"/>	
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<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

OTHER

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<input type="checkbox"/>	

EXTRA BABY ESSENTIALS

<input type="checkbox"/>	
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NOTES
