

# Family Matters Printable Pack

## INSTRUCTIONS:

To best use your Printable Pack, place them inside plastic sheet protectors and place them in your Clean House binder.

OR if it is a sheet your are putting most of your focus on, place it in an area where you can easily see it and access it. A wall or clear surface area works great. I keep mine on my dishwasher which is smack center of our kitchen. (it helps me to keep the dishwasher top clear too!)

As a matter of fact, generally when the top of my dishwasher is a mess, so is the rest of my house because my worksheets/binder is buried and that means I haven't been using it.

Use a dry erase marker to write your notes into the printable. When you are finished you can wipe it off and use it again.

If you have small kids you may want to make them a copy of their own and keep yours safe so that no wiping gone wild goes on at an inopportune time!

If you want to keep a record or to have a less wipeable copy, just print your page as usual and write on it directly OR use pencil and rub it out later so that you can reuse the sheet.

Whenever you can reuse a printable you have less waste, less paper and information to manage and less printer ink to pay for.

Use your own imagination and get ready to paint a new picture - your way.

*It's Your Day To Shine!*

*Jan  
Ferrante*

Jan Ferrante - No KAOS Zone

<http://www.queenofkaos.com>



Complete Your Printable List Library: [www.queenofkaos.com/recommends/listplanit.shtml](http://www.queenofkaos.com/recommends/listplanit.shtml)

CALENDAR

MONTH \_\_\_\_\_

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

# OUR FAMILY'S DAILY SCHEDULE

Time	Activity	Instructions
:00 :30		
:00 :30		
:00 :30		
:00 :30		
:00 :30		
:00 :30		
:00 :30		
:00 :30		
:00 :30		
:00 :30		
:00 :30		
:00 :30		
:00 :30		
:00 :30		
:00 :30		

Notes:



# DAILY REMINDERS

	<u>Name</u>	<u>Name</u>	<u>Name</u>	<u>Name</u>	<u>Name</u>	<u>Name</u>
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						



# DAILY CHORES

DATE \_\_\_\_\_

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# CHORES FOR CHANGE (ALLOWANCE)

NAME \_\_\_\_\_

Chore/Responsibility	Value	Mon	Tue	Wed	Thu	Fri	Sat	Sun

# MANNERS THAT MATTER

Family Manners	Examples
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	



# CAUGHT YA! (BEING GOOD)

NAME \_\_\_\_\_

Outstanding Behavior	Date						
	Sun	M	T	W	Th	F	Sat



# THOUGHTFUL THURSDAYS

MONTH \_\_\_\_\_

Ideas	Description / Instructions	Results / Notes
Thursday, the _____		
Thursday, the _____		
Thursday, the _____		
Thursday, the _____		
Thursday, the _____		



## EXPECTATIONS & RESPONSIBILITIES IN OUR HOME

Expectations	Remarks

Responsibilities	Remarks



# PERSONAL HYGIENE

NAME \_\_\_\_\_

Checkmark for assignment. Circle for accomplishment.

Activity	Date						
	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Take a bath/shower							
Wash my hands							
Wash my face							
Brush my teeth in the morning							
Brush my teeth before bed							
Floss my teeth							
Comb/Brush my hair							
Use deodorant							
Use lotion on dry skin							
Clean fingernails							
Trim fingernails							
Trim toenails							
Clean ears							



# POTTY TRAINING

NAME \_\_\_\_\_

Steps	Additional Information	Notes
Choose a Starting Date	26 months is the recommended age for starting	
Clear Calendar for the Week	You will not be going anywhere	
Buy / Borrow a Potty Chair and/or Seat	Try to have at least 2 – one for Training area, one for the bathroom	
Buy / Borrow Books & Videos for kids about Potty Training **Get a Big Stack of Books from the library to set next to the Potty	Child will be sitting for long periods of time on the potty. These are good for entertaining.	
Prepare Incentives / Rewards for Successes	M&Ms, Skittles, Smarties make great sweet rewards. Sticker Charts, Potty Parties, Special Phone Calls are extra	
Limit Activity to One Room in House so you can Keep a Close Eye on Child.	Especially for the first couple of days. The first day you will want to be right beside your child all day.	
Give your Child LOTS to drink so he/she has plenty of opportunities to Practice	Remember: Juice and Soda have lots of calories, so try water with a splash of juice or milk.	
Encourage your Child to “Practice” every 15 minutes at first.	Then every 30 minutes, Every 45 minutes, Every Hour as they improve	
Make a HUGE deal of every time they make it in the potty!	Try to be patient with every accident. Try to be uplifting and not demeaning.	
Have Cleaning Supplies at the Ready for inevitable accidents.	Clean Dry Towels, Carpet Cleaner, All-Purpose Cleaner, Febreze	
Take a Potty with you in the car when you go.	Have your child sit on it every time you get in or out of the car.	
Don't ask if he/she needs to go – say, “Let's go sit on the Potty” or “Let's go Practice going to the Potty.”	He/she will say No every time given the chance.	



# ONE-ON-ONE JOURNAL

NAME \_\_\_\_\_

	<u>Name</u>	<u>Name</u>	<u>Name</u>	<u>Name</u>
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				



# HOME FIRE SAFETY PLANNING

Safety Steps	Details	Evaluation
Change batteries in smoke alarms on the first days of spring and fall.		
Choose two ways that you could leave your home in case of a fire.		
Choose a family meeting place outside your home.		
Practice a fire drill each year.		

Prepare a floor plan of your home below showing at least 2 ways to escape each room (door / window):

After you have counted your family members at the meeting place,  
then go to a neighbor's house to dial 911.

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# COMPUTER USAGE RULES AND APPROVED SITES

Rules	Notes
1. Never give any personal information such as: name, address, age/birthday, phone	
2. Never click on Pop-Ups.	
3. Never enter any contests or answer questions.	
4.	
5.	

Approved Sites	Description

# DINNERTIME CONVERSATION QUICK LIST

Question	Child's Reaction / Notes

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## DINNERTIME CONVERSATION LIST (SUGGESTIONS)

Question	Child's Reaction / Notes
1. What is one thing you do better than your parents?	
2. If I were a teacher, I would. . .	
3. If I were 5 years older, I would. . .	
4. If I could be invisible, I would. . .	
5. I'd like to solve the problem of. . .	
6. I would hate to lose. . .	
7. I would like a great big. . .	
8. One of the best things about me is. . .	
9. One of the happiest events of my life is. . .	
10. What I like about my name. . . What I don't like about my name. . .	



# KID'S MEAL OPTIONS

DATE \_\_\_\_\_

Breakfast		Lunch	

Dinner		Snacks	

Special Instructions