

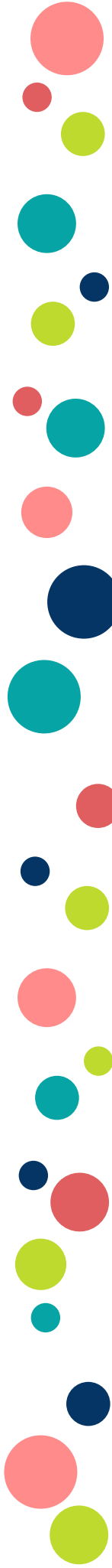
TIME TRACKER

Date: _____



Start: End: Activity: Time:

Start:	End:	Activity:	Time:



TIME TRACKER

Date: _____



Start:	End:	Activity:	Time:



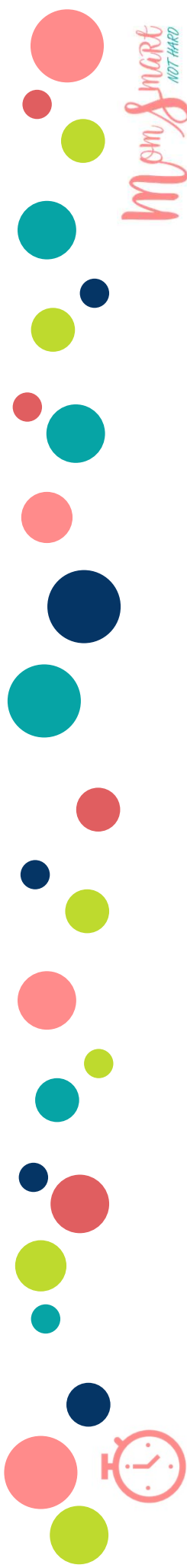
MASTER LIST

Category: _____



Item:

Frequency:



Mom Smart
NOT HARD

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

DAILY TO-DO LIST

Date:



Tasks:

Scheduled:

Chores:

Meal Prep:
