
FREE MOM PLANNER

SIMPLE PLANNING FOR BUSY MOMS

BY MEGAMOMLIFE

www.megamomlife.com

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Weekly Planner

Top Priorities This Week

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Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Weekly Meal Planner

DAY	BREAKFAST	LUNCH	DINNER
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

"Nourish your family, nourish your soul"

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Grocery List

Fruits & Vegetables

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Pantry

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Dairy

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Other

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Kids Daily Routine

Child's Name: _____

TIME	ACTIVITY
6:00 AM	
7:00 AM	
8:00 AM	
9:00 AM	
10:00 AM	
11:00 AM	
12:00 PM	
1:00 PM	
2:00 PM	
3:00 PM	
4:00 PM	
5:00 PM	
6:00 PM	
7:00 PM	
8:00 PM	

"Routines create security. You're doing an amazing job, mama!"

Mom Self-Care Tracker

Week of: _____

MON TUE WED THU FRI SAT SUN



Water (8 glasses)
Stay hydrated throughout the day

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Movement
Walk, stretch, or exercise

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Rest
Take breaks when needed

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Me-Time
Do something just for you

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Quality Sleep
7-8 hours of restful sleep

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"You can't pour from an empty cup. Take care of yourself first."

— Self-Care Reminder

Birthday Tracker

Never forget a special day

JANUARY

FEBRUARY

MARCH

APRIL

MAY

JUNE

JULY

AUGUST

SEPTEMBER

OCTOBER

NOVEMBER

DECEMBER

Gift Ideas

☐ _____ ☐ _____

☐ _____ ☐ _____

Cleaning Schedule

Daily Tasks

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Make beds | <input type="checkbox"/> Wipe kitchen counters |
| <input type="checkbox"/> Do dishes | <input type="checkbox"/> Quick tidy up |
| <input type="checkbox"/> Laundry load | |

Weekly Tasks

TASK	ASSIGNED DAY
<input type="checkbox"/> Vacuum all floors	_____
<input type="checkbox"/> Mop hard floors	_____
<input type="checkbox"/> Clean bathrooms	_____
<input type="checkbox"/> Change bed sheets	_____
<input type="checkbox"/> Dust surfaces	_____
<input type="checkbox"/> Clean mirrors	_____

Monthly Tasks

- | | |
|---|---|
| <input type="checkbox"/> Deep clean kitchen | <input type="checkbox"/> Organize closets |
| <input type="checkbox"/> Wash windows | <input type="checkbox"/> Clean appliances |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

"A clean home is a happy home. Progress, not perfection!"

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Monthly Budget

Month: _____

Income

Salary	\$	_____
Side income	\$	_____
Other	\$	_____
Total Income	\$	_____

Expenses

Housing
\$ _____

Utilities
\$ _____

Groceries
\$ _____

Transportation
\$ _____

Kids & Family
\$ _____

Healthcare
\$ _____

Entertainment
\$ _____

Savings
\$ _____

Summary

TOTAL INCOME

\$ _____

TOTAL EXPENSES

\$ _____

BALANCE

\$ _____

"Every dollar has a purpose. You've got this, mama!"

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Notes