



Family Memories



FOR Kids



About Me

Name: _____

Date: _____

My Family

Mother: _____

Father:

Place of Birth

Siblings: _____

Favorites

Favorite Book: _____

Food: _____

Color:

Animal:

Movie:

Hobbies:

Close friends:

Place:

Subject:

Unforgettable memory this year

[illegible]

In the future I want to be....

[illegible]

Draw a place where you want to be

FAMILY Memories

Summer Memory



Date:

Spring Memory



Date:

Fall Memory



Date:

Winter Memory



Date:


Memory BOOK

Year: _____

Fun things we did...

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


Photo here



Places we visited...

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

People we saw...

<div><p>Photo here</p></div>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____

HOLIDAY *Memories*

Year: _____

Favorite memory from past holidays

Who was with me

Why the memory is important to me

FAMILY Memories

My Memory:



Name:

Date:

My Memory



Name:

Date:
