

INFANT CARE MONTHLY OVERVIEW

Month/Year: _____

| CATEGORY & ITEM | ESTIMATED | ACTUAL | NOTES |
|----------------------------------|-----------|--------|----------------------------|
| Health & Wellness | | | |
| Pediatrician / Co-pays | \$ | \$ | Routine checkups |
| Medications / Vitamins | \$ | \$ | |
| Feeding & Nutrition | | | |
| Formula / Breastfeeding Supplies | \$ | \$ | Storage bags, pumps |
| Baby Food / Snacks | \$ | \$ | 6 months+ |
| Diapering & Hygiene | | | |
| Diapers & Wipes | \$ | \$ | Bulk purchase |
| Toiletries / Creams | \$ | \$ | Soap, lotion, diaper cream |

CATEGORY & ITEM**ESTIMATED****ACTUAL****NOTES****Childcare & Education**

| | | | |
|----------------------|----|----|---------------------|
| Daycare / Nanny Fees | \$ | \$ | Weekly/Monthly rate |
|----------------------|----|----|---------------------|

| | | | |
|----------------------------|----|----|-----------------|
| Developmental Toys / Books | \$ | \$ | Age appropriate |
|----------------------------|----|----|-----------------|

Other Expenses

| | | | |
|-----------------|----|----|--------------|
| Clothing / Gear | \$ | \$ | Next size up |
|-----------------|----|----|--------------|

| | | | |
|---------------|----|----|--|
| Miscellaneous | \$ | \$ | |
|---------------|----|----|--|

Total Estimated: \$_____

Total Actual: \$_____

Variance: \$_____