**What I Did Last Saturday**

**Directions:** Recall and list everything you did last Saturday in the left-hand column. In the right-hand column (using the list in Appendix 4), list all the activities you would need to accomplish if you were a parent of a newborn baby.

|  |  |  |
| --- | --- | --- |
| **Things I Did Last Saturday** |  | **Things I Would Need to Do if I Had a Baby** |
|  | 1:00 a.m. |  |
|  | 2:00 a.m. |  |
|  | 3:00 a.m. |  |
|  | 4:00 a.m. |  |
|  | 5:00 a.m. |  |
|  | 6:00 a.m. |  |
|  | 7:00 a.m. |  |
|  | 8:00 a.m. |  |
|  | 9:00 a.m. |  |
|  | 10:00 a.m. |  |
|  | 11:00 a.m. |  |
|  | 12:00 noon |  |
|  | 1:00 p.m. |  |
|  | 2:00 p.m. |  |
|  | 3:00 p.m. |  |
|  | 4:00 p.m. |  |
|  | 5:00 p.m. |  |
|  | 6:00 p.m. |  |
|  | 7:00 p.m. |  |
|  | 8:00 p.m. |  |
|  | 9:00 p.m. |  |
|  | 10:00 p.m. |  |
|  | 11:00 p.m. |  |
|  | 12:00 midnight |  |

|  |  |
| --- | --- |
| **Things I Would Have to Do if** **I Had a Baby**  | **Amount of Time It Would Take**  |
| Feed baby every 2-3 hours  | 25 minutes, at least 8 times a day  |
| Make baby’s formula  | 20 minutes per day  |
|  Change diapers every time the baby is fed and when needed   | 5-10 minutes, 8-10 times per day  |
| Give the baby a bath  | 30 minutes each day  |
| Do the baby’s laundry  | 45 minutes each day |
| Play with baby  | 30 minutes, 5 times a day |
| Change the babies clothes | 10 minutes 2-3 times a day |
| Put the baby to bed | nap time 40 minutes, bedtime 1 hour each day |
| Pack the babies things | 20 minutes each time you want to go out |
| Attend to crying baby  | 15 minutes 12 times a day |

Show Me…. The Money!

You just found out that you are going to be a parent in one month!

Before you begin your “shopping” for this child, ***guess*** how much money you will need to raise your baby in a healthy environment for ONE YEAR!

My Estimate:

|  |
| --- |
| **Directions:** Using the resources provided, research the cost of the following items needed to providefor a baby. Estimate the amount of each item that would be needed for a 12-month period. |
| **Continuing Expenses** | **Cost** | **One-Time Expenses** | **Cost** |
| Doctor Visits / Shots |  | Soothers |  |
| Formula x 12 |  | Crib |  |
| Bottles / Nipples |  | Mattress |  |
| Baby Food x 12 |  | Sheets / Blankets |  |
| Wet wipes |  | Mattress Cover |  |
| Toys |  | Play mat |  |
| Diapers x 12 |  | Stroller |  |
| Medicine |  | Thermometer |  |
| Child Care Costs x 12 |  | Mobile |  |
| Transportation to child care |  | Diaper Bag |  |
| Baby Clothes (t-shirts, sleepers, outfits, coats, hat, socks, shoes)3 months 6 months9 months 12 months |  | Infant bathtub |  |
| Washcloths, towels, hairbrush |  |
| Car Seat |  |
|  High Chair |  |
| **Other:** | Dresser |  |
| Other: |  |

**Total Costs for One Year:**