

How to Create Your Personalized Baby Budget

Step 1

One-Time Costs Checklist

Fill out the one-time expenses indicating “needs” and “nice to haves.”

Step 2

Baby Budget-Planning Worksheet

Compile estimated expenses for your first year of parenthood and calculate final values with the quantity per month multiplier.

Step 3

Baby Budget Template

Enter the values from the previous worksheets into the goal spend column then log the actual spend in the following columns.

One-Time Baby Expenses

Use this checklist as a **guide to determine which one-time baby costs you'll incur** during your first year of parenthood, then adjust your budget to accommodate.

0-3 Months

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Baby shampoo | <input type="checkbox"/> Car seat | <input type="checkbox"/> Hooded towels | <input type="checkbox"/> Stroller |
| <input type="checkbox"/> Baby thermometer | <input type="checkbox"/> Changing table | <input type="checkbox"/> Mamaroo | <input type="checkbox"/> Swaddle blankets |
| <input type="checkbox"/> Baby wash | <input type="checkbox"/> Changing table | <input type="checkbox"/> Newborn diapers | <input type="checkbox"/> Sweater |
| <input type="checkbox"/> Baby washcloths | <input type="checkbox"/> Child's nail clippers | <input type="checkbox"/> Newborn toys | <input type="checkbox"/> Sweater |
| <input type="checkbox"/> Baby wipes | <input type="checkbox"/> Crib | <input type="checkbox"/> Onesies | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Bassinet | <input type="checkbox"/> Diaper bag | <input type="checkbox"/> Pacifiers | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Bunting | <input type="checkbox"/> Dresser | <input type="checkbox"/> Shirt/pant sets | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Burp clothes | <input type="checkbox"/> Hats | <input type="checkbox"/> Socks/booties | <input type="checkbox"/> _____ |

4-6 Months

- | | | | |
|---------------------------------------|--|--|--------------------------------|
| <input type="checkbox"/> Bib | <input type="checkbox"/> Snack storage | <input type="checkbox"/> Teething ointment | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Booster seat | <input type="checkbox"/> Spoons/bowls | <input type="checkbox"/> Teething rings | <input type="checkbox"/> _____ |
| <input type="checkbox"/> High chair | <input type="checkbox"/> Stationary activity | <input type="checkbox"/> Transition cup | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Premade food | <input type="checkbox"/> Suction feeding mat | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

Continued...

7-9 Months

- | | | | |
|---------------------------------------|---|---|--------------------------------|
| <input type="checkbox"/> Activity mat | <input type="checkbox"/> Corner guards | <input type="checkbox"/> Sippy cups | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Baby gates | <input type="checkbox"/> Cupboard latches | <input type="checkbox"/> Snack containers | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Busy boards | <input type="checkbox"/> Outlet covers | <input type="checkbox"/> Wooden blocks | <input type="checkbox"/> _____ |

10-12 Months

- | | | | |
|---------------------------------------|---|--------------------------------|--------------------------------|
| <input type="checkbox"/> Car seat | <input type="checkbox"/> Crib mattress | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Crib | <input type="checkbox"/> Mattress protector | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Crib bedding | <input type="checkbox"/> Solid food | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |



Baby Budget Planning Worksheet

Use this worksheet to **compile the estimated expenses for your first year** of parenthood, then enter the values into the baby budget template.

Prenatal Care & Delivery

	Qty/Mo.	Total
Insurance Deductible \$ _____	_____	_____
Co-Pay \$ _____	_____	_____
Uncovered Services \$ _____	_____	_____
Coinsurance Percentages \$ _____	_____	_____
Other \$ _____	_____	_____
Other \$ _____	_____	_____

TOTAL \$ _____

Childcare Expenses

	Qty/Mo.	Total
Registration \$ _____	_____	_____
Weekly Fee \$ _____	_____	_____
Supplies \$ _____	_____	_____
Meals & Snacks \$ _____	_____	_____
Other \$ _____	_____	_____
Other \$ _____	_____	_____

TOTAL \$ _____

Continued...

Household Expenses

Qty/Mo.

Total

Formula \$ _____

Utilities \$ _____

Diapers \$ _____

Clothing \$ _____

Other \$ _____

Other \$ _____

Other \$ _____

TOTAL \$ _____

Baby Gear

Qty/Mo.

Total

Nursery \$ _____

Childproof Gear \$ _____

Stroller \$ _____

Changing Table & Dresser \$ _____

Other \$ _____

Other \$ _____

Other \$ _____

TOTAL \$ _____

Continued...

Additional Expenses

Qty/Mo.

Total

Toys \$ _____

Other \$ _____

Other \$ _____

Other \$ _____

Other \$ _____

Other \$ _____

Other \$ _____

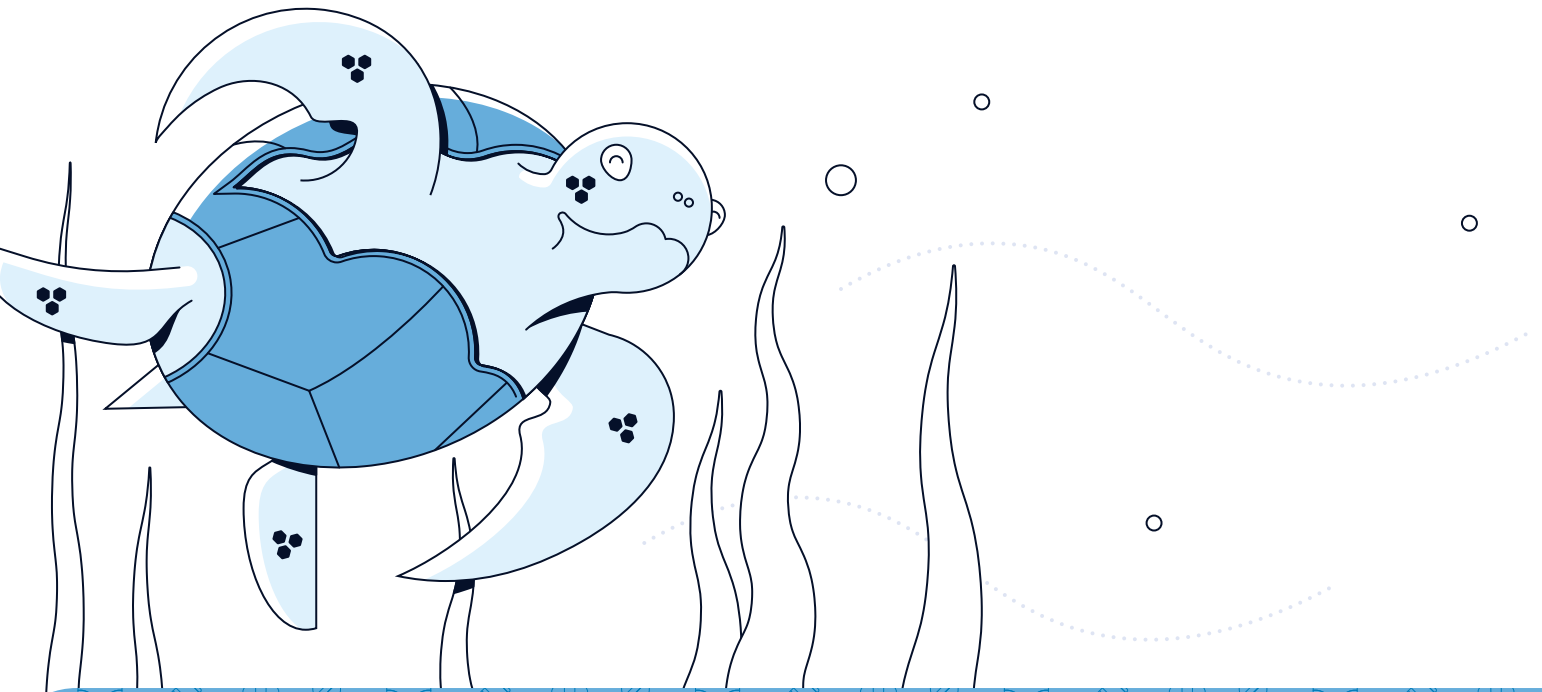
Other \$ _____

Other \$ _____

Other \$ _____

Other \$ _____

TOTAL \$ _____



Monthly Baby Budget Template

Enter the values from the planning and one-time expense worksheets into the goal spend column then **log the actual expenses each month to track spending.**

MONTH _____

Start of Month Balance

Cash On Hand
\$ _____

Monthly Income

Take-Home Pay
\$ _____

Other Income
\$ _____

Expenses

Ongoing Expenses

Rent/Mortgage	\$ _____
Home Insurance	\$ _____
Utilities	\$ _____
Internet	\$ _____
Cell Phone	\$ _____
Groceries/Food	\$ _____
Transportation	\$ _____
Loan Payment	\$ _____
Emergency Fund	\$ _____
401K/Retirement Fund	\$ _____
Life Insurance	\$ _____

Continued...

Health Insurance	\$ _____
Car Insurance	\$ _____
Disability Insurance	\$ _____
Check-Ups	\$ _____
Childcare	\$ _____
College Savings/529 Contribution	\$ _____
Clothes/Diapers	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

One-Time Expenses

Baby Gear	\$ _____
Baby Proofing	\$ _____
Toys	\$ _____
Books	\$ _____
_____	\$ _____
_____	\$ _____

