

Name: \_\_\_\_\_

Score			GradeCam ID						
0	0	0	0	0	0	0	0	0	
1	1	1	1	1	1	1	1	1	
2	2	2	2	2	2	2	2	2	
3	3	3	3	3	3	3	3	3	
4	4	4	4	4	4	4	4	4	
5	5	5	5	5	5	5	5	5	
6	6	6	6	6	6	6	6	6	
7	7	7	7	7	7	7	7	7	
8	8	8	8	8	8	8	8	8	
9	9	9	9	9	9	9	9	9	

Group & Seat #: \_\_\_\_\_ Period: \_\_\_\_\_

Baby Project

Baby's Name: \_\_\_\_\_

Items	# Needed per Year	Cost of item	Source
1. Prenatal Care (Vitamins, Dr. Appointments.)			
2. Hospital Delivery Cost & 1 <sup>st</sup> year check-ups			
3. Car Seat	1		
4. Crib	1		
5. Changing Table	1		
6. High Chair	1		
7. Baby swing	1		
8. Baby backpack or sling	1		
9. Portable Play Pen	1		
10. Diaper Bag, Diapers		Per Year	
11. Wet wipes		Per Year	
12. Baby formula		Per Year	
13. Baby food		Per Year	
14.			
15.			
16.			

Total Cost: \_\_\_\_\_