



Doctor Enough

Mom enough. Doctor enough. We are enough.

Baby Registry Checklist

Registered	Received	Item	From	Thank You
NURSERY SUPPLIES				
<input type="checkbox"/>	<input type="checkbox"/>	Crib	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Crib mattress	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Waterproof mattress pad (2)	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Changing table/dresser	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Glider	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Table	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Lamp	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Crib sheets (3)	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Black out curtains	_____	<input type="checkbox"/>
DIAPERING				
<input type="checkbox"/>	<input type="checkbox"/>	Diaper caddy	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Changing pad liners	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Newborn diapers	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Size 1 diapers	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Size 2 diapers	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Sizes 3 diapers	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Wipes	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Diaper cream	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Diaper pail	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Diaper pail bags	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Diaper pail deodorizers	_____	<input type="checkbox"/>
HEALTHCARE				
<input type="checkbox"/>	<input type="checkbox"/>	Aquaphor	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Saline drops	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Acetaminophen	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Probiotic drops	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Nasal aspirator	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Boogie Wipes	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Thermometer	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Nail clippers	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Sunscreen	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Insect repellent	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Hand sanitizer	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Disinfectant spray	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Disinfectant wipes	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Pacifier/toy wipes	_____	<input type="checkbox"/>



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		CLOTHING		
<input type="checkbox"/>	<input type="checkbox"/>	Burp cloths (6-12)	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Swaddles (3+)	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Newborn clothes	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	0-3 Month clothes	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	3-6 Month clothes	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	6-9 Month clothes	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	9-12 Month clothes	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Socks (5+)	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Sock-Ons (2)	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Pajamas	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Bows/Hats	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Shoes	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Sunglasses	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Sun Hat	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Swimsuit	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Drop bibs (6)	_____	<input type="checkbox"/>
		BATH TIME		
<input type="checkbox"/>	<input type="checkbox"/>	Wash cloths (6)	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Hooded towels (3)	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Bath toys	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Blooming bath	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Bath mat	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Shampoo	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Body Wash	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Hair brush/comb	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Toothbrush	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Toothpaste	_____	<input type="checkbox"/>
		ON THE GO		
<input type="checkbox"/>	<input type="checkbox"/>	Pack N Play	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Pack N Play Sheets (2)	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Infant car seat	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Infant car mirror	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Convertible car seat	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Car seat stroller	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Jogging stroller	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Umbrella stroller	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Stroller accessories	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Baby carrier	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Diaper bag	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Baby clutch	_____	<input type="checkbox"/>



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MEAL TIME				
<input type="checkbox"/>	<input type="checkbox"/>	High chair	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	High chair cover	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Portable high chair	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Bottles 2 oz (12)	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Bottles 4 oz (12)	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Bottles 8 oz (12)	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Nipples 0 (12)	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Nipples 1 (12)	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Nipples 2 (12)	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Nipples 3 (12)	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Nipples 4 (12)	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Drying lawn	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Drying stems (2)	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Bottle sterilizer	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Bottle brush	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Sippy cups (2-4)	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Bowls (6)	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Spoons (6)	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Food bibs (3)	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Organization for pantry	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Food pacifier	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Formula maker	_____	<input type="checkbox"/>
PLAY TIME				
<input type="checkbox"/>	<input type="checkbox"/>	Lovey	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Swing	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Bouncer	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Walker	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Rock N Play	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Head and Neck Support	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Bassinet/Sleeper	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Pacifier	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Play mat	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Play gym	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Teething ring	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Stackable toy	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Shaking toy	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Spinning toy	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Musical toy	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	O-ball	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Stuffed animal	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Floor seat	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Infant headphones	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Books	_____	<input type="checkbox"/>



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BABY PROOFING				
<input type="checkbox"/>	<input type="checkbox"/>	Furniture bumpers	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Furniture anchors	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Outlet plugs/covers	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Cabinet locks	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Baby gates	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Baby monitor	_____	<input type="checkbox"/>
SLEEP				
<input type="checkbox"/>	<input type="checkbox"/>	Noise machine	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Baby Shusher	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Humidifier	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Dock-a-tot	_____	<input type="checkbox"/>
BREAST FEEDING				
<input type="checkbox"/>	<input type="checkbox"/>	Boppy pillow	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Boppy pillow covers	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	My Brest Friend pillow	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Breast pump	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Breast shields (appropriate size)	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Nipple shields	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Nipple cream	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Breastmilk storage	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Pumping bra	_____	<input type="checkbox"/>
OTHER				
<input type="checkbox"/>	<input type="checkbox"/>	Gift cards	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Echo Spot	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Baby Weekender Bag	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Packing cubes	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Gate-check stroller bag	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Gate-check car seat bag	_____	<input type="checkbox"/>