



Date

Custodial Parent/Guardian Information

Name

Relationship to Children

Address

Phone

Email

Emergency Contact *name*

phone

Children Information

Name	Nickname	Birthdate	Gender	Allergies

SPECIAL INSTRUCTIONS ABOUT CHILDREN

Visitation Schedule

Date that Visits Begin

VISIT SESSIONS (please check)

Thursday, 5:30 – 7:00

Saturday, 9:00 – 10:30

Saturday, 10:30 – 12:00

Saturday, 9:00 – 12:00

Other (please specify)

VISIT FREQUENCY (please check)

Weekly

Bi-weekly (every other week)

Other (please specify)

Starting Over Use Only

DFCS Court Involvement Family Arranged Projected End Date (if applicable)