



CHILD CUSTODY FORM: 2018-2019

Sunny Hollow
MONTESSORI

Student Name _____
(Please print)

Parent 1 Name: _____ Parent 2 Name: _____
(Please print) (Please print)

Guardian's Name: _____
(Please print)

Is your child the subject of any court order, parenting plan, or other custody arrangement of any kind?

Yes ___ No ___

Are there any potential concerns regarding parenting or custody that you believe Sunny Hollow Montessori should be aware of? *If NO, sign below. If YES, please provide all information requested below:*

Yes ___ No ___

Who has legal custody of your child?

Parent 1 ___ Parent 2 ___ Other: (name) _____

Who has physical custody of your child?

Parent 1 ___ Parent 2 ___ Other: (name) _____

What is the parenting time arrangement for your child?	What is the drop-off and pick-up schedule?

Who is the primary contact?

Parent 1 ___ Parent 2 ___ Other: (name) _____

Are both parents able to authorize other individuals to pick up the child (such as friends, babysitters, family members, etc.)?

Yes ___ No ___

Are the emergency contacts you identified the same for both parents? If not, please complete separate emergency contact lists and identify on what days SHM should use which list.

Yes ___ No ___

If you have any particular concerns or arrangements, please outline them here:

Parent 1 signature (REQUIRED)

Printed name

Date

Parent 2 signature (REQUIRED)

Printed name

Date