BASIC PARENTING PLAN QUESTIONNAIRE

Parent Information

Mother's Address: _____
(House Number/City/State/Zip)

Mother's E-Mail: _____

Father's Address: _____
(House Number/City/State/Zip)

Father's E-Mail: _____

Minor Children

Child's Name: _____ Date of Birth: _____
Child's Name: _____ Date of Birth: _____
Child's Name: _____ Date of Birth: _____
Child's Name: _____ Date of Birth: _____

Schooling

☐ Public School: _____ / ☐ Private School: _____
(County) (Name)

☐ Daycare: _____ Enrolled By: ☐ Mother / ☐ Father

Medical

Pediatrician: _____ *(Name)*
Dentist: _____ *(Name)*
Orthodontist: _____ *(Name)*
Ophthalmologist/Optometrist: _____ *(Name)*
Other (Counselor/Specialist): _____ *(Name)*

Ongoing Contact

	Monday	*Tuesday*	*Wednesday*	*Thursday*	*Friday*	*Saturday*	*Sunday*
Week 1:	*M/F*	*M/F*	*M/F*	*M/F*	*M/F*	*M/F*	*M/F*
Week 2:	*M/F*	*M/F*	*M/F*	*M/F*	*M/F*	*M/F*	*M/F*
Week 3:	*M/F*	*M/F*	*M/F*	*M/F*	*M/F*	*M/F*	*M/F*
Week 4:	*M/F*	*M/F*	*M/F*	*M/F*	*M/F*	*M/F*	*M/F*

M=Mother / F=Father
Choose One For Each Day
These are considered Overnight
Contact Periods unless otherwise noted

Exceptions/Specifications: _____

Holidays

MLK Day	Even Years	Odd Years	Every Year	Start	End
President's Day	M / F	M / F	M / F	____ Day ___am/pm	____ Day ___am/pm
Good Friday/Easter	M / F	M / F	M / F	____ Day ___am/pm	____ Day ___am/pm
Spring Break	M / F	M / F	M / F	____ Day ___am/pm	____ Day ___am/pm
Memorial Day	M / F	M / F	M / F	____ Day ___am/pm	____ Day ___am/pm
Mother's Day	M / F	M / F	M / F	____ Day ___am/pm	____ Day ___am/pm
Father's Day	M / F	M / F	M / F	____ Day ___am/pm	____ Day ___am/pm
Independence Day	M / F	M / F	M / F	____ Day ___am/pm	____ Day ___am/pm
Labor Day	M / F	M / F	M / F	____ Day ___am/pm	____ Day ___am/pm
October 31st	M / F	M / F	M / F	____ Day ___am/pm	____ Day ___am/pm
Thanksgiving	M / F	M / F	M / F	____ Day ___am/pm	____ Day ___am/pm
X-Mas Eve/X-Mas Day	M / F	M / F	M / F	____ Day ___am/pm	____ Day ___am/pm
New Year's	M / F	M / F	M / F	____ Day ___am/pm	____ Day ___am/pm
Mother's Birthday	M / F	M / F	M / F	____ Day ___am/pm	____ Day ___am/pm
Father's Birthday	M / F	M / F	M / F	____ Day ___am/pm	____ Day ___am/pm
Children's Birthday(s)	M / F	M / F	M / F	____ Day ___am/pm	____ Day ___am/pm
Academic Holidays	M / F	M / F	M / F	____ Day ___am/pm	____ Day ___am/pm

M=Mother/F=Father
Choose one option for each Holiday & specify the start/end day/time.
Client Notes:
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
Any Additional Notes →

Miscellaneous Items
(Choose One Option for Each Item)

Extra-Curricular Activities: ☐ Parents Must Mutually Agree / ☐ Either Parent May Choose
Religion: ☐ Parents Agree on _____ Faith / ☐ Either Parent May Choose
Child Care Providers: ☐ Parents Must Mutually Agree / ☐ Either Parent May Choose / ☐ Parents Agree to:

_____
(First, Last Name & Relationship to Children)

Persons Approved to Transport Children: ☐ Parents Must Mutually Agree / ☐ Either Parent May Choose / ☐ Parents Agree to: _____
(First, Last Name & Relationship to Children)

Dependency Exemption: ☐ Equally Share / ☐ Assign to ___ Mother/___Father each year

Client Notes