



CUSTODY CALENDAR

MONTH _____ YEAR _____

CHILD'S FULL NAME _____

Child Care Services
2379 Myrtle Ave.
Eureka, CA 95501
707-444-8293, fax 707-444-8298

Office use only

Under penalty of perjury, we affirm the information as stated below is true and correct.

Print Name of Parent

Signature of Parent and Date

Signature of Other Parent and Date

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
WEEK 1							
WEEK 2							
WEEK3							
WEEK 4							
WEEK 5							

Please complete and sign this calendar and submit to your Case Manager by 5pm on the 3rd of each month after the month has ended.
This form to be used only after original Court Ordered Custody and notarized custody schedule change on file.