

Custodial Parent/Guardian Agreement

I, _____, understand that my goal is to facilitate the best interests of my child(ren). What that in mind, I agree to abide by the following:

1. I will arrive at the visitation center at the specified time of arrival and not earlier. Upon arrival, I will enter the facility and drop off the children or wait in a designated area. I will not linger in the parking areas nor will I circle the building to see if the visiting parent has arrived.
2. I will pick up the child(ren) at the specified time of departure.
3. I understand and agree that timely arrivals and departures are necessary and are precautions included as security measures for all participants and staff at The Whistle Stop.
4. I agree that if I have questions about the visits or future visitation schedules, I should call the Whistle Stop and speak to staff during the week. I understand that such discussions cannot take place when I drop off or pick up the child(ren) for visitation.
5. I understand that if I want to authorize additional people to attend a visit, I must notify the Whistle Stop Supervisor or Director no later than noon on Thursday. Such requests will be granted if the circumstances of the case provide for additional visitors and if space and monitors are available.
6. I will not bring any weapons or articles that could be used as weapons to the visitation center. I understand that the security officer has the right to search for weapons.
7. I will not use the child(ren) as a messenger - I will not send written or verbal messages to the other parent via the child(ren).
8. I understand that the child(ren) will not bring toys or other items to the visit unless requested to do so by the Whistle Stop staff.
9. I understand that the purpose of the visit is to enable my child(ren) to develop a quality relationship with the visiting parent. I will support this effort and will encourage my child(dren) to participate in the visit.
10. I will notify the Whistle Stop **by noon on Thursday** if I cannot participate in a **weekend visit or at least 48 hours prior to the visit if the visit is scheduled on a weekday**. I understand that **failure to give timely notice** of a canceled visit **will make me responsible for payment of the missed visit**. The only excuse for nonpayment is a medical excuse from my doctor confirming an emergency visit or medical necessity.
11. I agree that I will treat Whistle Stop staff with respect and will not threaten or intimidate staff either in person or on the phone.
12. I understand that the Whistle Stop is responsible for carrying out a court order or an OCS referral and that my failure to cooperate in the Whistle Stop's effort to enforce the order will be reported to the court or referring source.

13. I understand that situations may occur where it is necessary for me to be flexible in my visitation schedule and that I may be asked to make adjustments to my schedule in order to facilitate a visit and I agree to make those adjustments.

14. I agree that my case file is confidential, but that the Court, attorneys, social services, participating parents, guardians, therapists, may have access to my file as provided by law.

15. I understand that breaking this agreement may lead to the termination of visitation services at The Whistle Stop.

I have received a copy of the Parental Agreement

Signature of Custodial Parent/Guardian

Date

Witness