



Family Case File Information Sheet

RIVERSIDE COUNTY
OFFICE OF EDUCATION

Parent/Guardian's Name: _____

Cell Phone Number: _____ Home/Landline (if applicable): _____

Email Address: _____

Child(ren)'s Name(s): _____

Child Care Hours – Based off of your work/school schedule, provide the days and hours you will need child care: Set Variable

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Drop-Off Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
Pick-Up Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM

Child's Elementary/Middle School Information – required for Private/Public In-Person, Hybrid, or Distance Learning

Child's Name: _____	Child's Name: _____
School Name: _____	School Name: _____
School Address: _____	School Address: _____
Start Date: _____	Start Date: _____
Start Time: _____ End Time: _____	Start Time: _____ End Time: _____
Early Release Day: <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri	Early Release Day: <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri
Early Release Time: _____	Early Release Time: _____
<input type="checkbox"/> In-Person <input type="checkbox"/> Hybrid <input type="checkbox"/> Distance Learning	<input type="checkbox"/> In-Person <input type="checkbox"/> Hybrid <input type="checkbox"/> Distance Learning
Care is Needed when Child is in School? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, <input type="checkbox"/> Before School <input type="checkbox"/> After School <input type="checkbox"/> Off Track Only (care is only needed when school is not in session)	Care is Needed when Child is in School? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, <input type="checkbox"/> Before School <input type="checkbox"/> After School <input type="checkbox"/> Off Track Only (care is only needed when school is not in session)

Secondary Parent Information – Is there a second parent in the home?

Yes – There is a secondary parent in the home

Secondary Parent Name: _____

Cell Phone Number: _____ Home/Landline: _____

Email Address: _____

No – Secondary biological parent is NOT in the home

Proof of custody will be provided;

As the primary parent, I declare under penalty of perjury that I have 100% sole custody; or

I share custody of my children and the secondary biological parent has the following custody/visitation:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	<input type="checkbox"/> All day or	<input type="checkbox"/> All day or	<input type="checkbox"/> All day or	<input type="checkbox"/> All day or	<input type="checkbox"/> All day or	<input type="checkbox"/> All day or	<input type="checkbox"/> All day or
Secondary's Drop-Off Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
Secondary's Pick-Up Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM

I understand that intentionally providing false or inaccurate information to access services is cause for termination from the child care and development programs provided through Early Care and Education (Participant Handbook, p. 26).

Parent/Guardian's Printed Name

Parent/Guardian's Signature

Date