**Time Together Supervised Visitation & Exchange Center**
**Parent Availability for Visits**

**Name: _____**

- **Custodial Parent**
- **Visiting Parent**

## Supervised Visitation and Exchange Service Hours

**WEDNESDAY: 4:00 p.m. until 7:00 p.m.**

**Any additions to the visit/exchange schedule for Wednesdays MUST be made by Monday at 5:00 p.m.*

Supervised Visits: Maximum Duration of Visits on Wednesdays is 2 Hours.

- **4:00**
- **5:00**
- **6:00**
- **7:00* (Exchange only)**

**FRIDAY: 4:00 p.m. until 7:00 p.m.**

**Any additions to the visit/exchange schedule for Fridays MUST be made by Wednesday at 5:00 p.m.*

Supervised Visits: Maximum Duration of Visits on Fridays is 2 Hours.

- **4:00**
- **5:00**
- **6:00**
- **7:00* (Exchange only)**

**SATURDAY: 9:00 a.m. until 5:00 p.m.**

**Any additions to the visit/exchange schedule for Saturdays MUST be made by Friday at 12:00 p.m.*

Supervised Visits: Maximum Duration of Visits on Saturdays is 2 Hours.

- **9:00**
- **11:00**
- **1:00**
- **3:00**
- **10:00**
- **12:00**
- **2:00**
- **4:00**
- **5:00* (Exchange only)**

**SUNDAY: 1:00 p.m. until 5:00 p.m.**

**Any additions to the visit/exchange schedule for Sundays MUST be made by Friday at 12:00 p.m.*

Supervised Visits: Maximum Duration of Visits on Sundays is 2 Hours.

- **1:00**
- **2:00**
- **3:00**
- **4:00**
- **5:00* (Exchange only)**

- Specific Instruction (**Is there anything in specific that would conflict with your visit preference? Take into consideration work schedule, school, childcare, etc. Please be specific.): _____**

_____

_____

***** If a visit or exchange is not cancelled at least 24 hours in advance, it will be documented as a late cancellation and the cancelling party (custodial or visiting) will be charged a $20 cancellation fee. This fee will only be waived if documentation of emergency or illness is provided to staff. Cancellation fees are due by the next scheduled visit/exchange. "No shows" will be assessed a fee equal to the amount of the entire visit. This payment must be received by the Center before another visit is scheduled.*****

***Time Together Staff will review your availability and preferences, taking into consideration your child(ren)'s activities and developmental needs. However, Time Together determines the visit appointment times based on program availability.***

_____

**Parent Signature** **Date**

_____

**Staff Signature**

_____

**Title**

_____

**Date**