

COURT CARE FOR THE PIKES PEAK REGION, INC.
Operated By Child Nursery Centers

Registration Form
309 South Cascade
Colorado Springs CO 80903
719-442-1972

Today's Date_____

Name of Parent/Guardian_____

Street Address_____Apartment#_____Zip Code_____

Telephone Number_____ Cell Phone Number_____

Military: YES NO

ACTIVE NON-ACTIVE OVER SEA

Branch: Army___ Air Force___ Navy___ Marines___ Cost Guard___ Reserves___ Case#_____

1) Child's Name_____ DOB_____

Allergies: Yes___ No___ To What?_____ Allergic Reaction_____

Formula___ How many ounces_____ Breast Feed___ Medical/Physical Restrictions_____

Ethnicity_____ Sex: Male___ Female___

2) Child's Name_____ DOB_____

Allergies: Yes___ No___ To What?_____ Allergic Reaction_____

Formula___ How many ounces_____ Breast Feed___ Medical/Physical Restrictions_____

Ethnicity_____ Sex: Male___ Female___

3) Child's Name_____ DOB_____

Allergies: Yes___ No___ To What?_____ Allergic Reaction_____

Formula___ How many ounces_____ Breast Feed___ Medical/Physical Restrictions_____

Ethnicity_____ Sex: Male___ Female___

4) Child's Name_____ DOB_____

Allergies: Yes___ No___ To What?_____ Allergic Reaction_____

Formula___ How many ounces_____ Breast Feed___ Medical/Physical Restrictions_____

Ethnicity_____ Sex: Male___ Female___

COURT CARE FOR THE PIKES PEAK REGION, INC.
Child Nursery Centers
Authorization and Consent Form

I, the undersigned, hereby instruct the Child Nursery Centers or any of its agents to take whatever steps may be necessary to obtain or administer emergency medical care to the benefit of my child(ren) while in attendance at Child Nursery Centers, and in my absence. These steps may include, but are not limited to the following:

1. Attempt to contact me
2. Call paramedics

I release Child Nursery Centers and its agents from any liability for decisions made in good faith in obtaining or administering such emergency treatments.

I understand that I am responsible for providing all information to the care of my child(ren) at the time of enrollment and Child Nursery Centers will not be responsible for anything that might happen as a result of missing or false information given at the time of enrollment.

To protect my child(ren), rigorous health standards are maintained. Hand washing and a "health check" will be required upon entry. Because of these health standards, I understand that Child Nursery Centers is not able to provide care for children who are at any contagious stage of an illness.

I understand that it is my responsibility to sign in my child(ren) upon arrival and out upon departure. No other person may be authorized to pick up my child(ren) unless an unforeseen incident occurs in Court.

I understand every attempt will be made to contact me in the event of an emergency requiring medical attention for my child(ren)_____. However, if I cannot be reached, I hereby authorize Child Nursery Centers to transport my child to the nearest medical facility, and to secure for my child the necessary medical treatment. I understand the staff members in the child care center are trained in the basics of First Aid and CPR. I authorize them to give my child first aid and/or CPR when appropriate.

I have read Child Nursery Centers policies and procedures and am in agreement with them.

Parent/Guardian Signature

Date

In case of emergency, where parent/guardian cannot be reached, the following persons are authorized to pick up my child(ren):

1. Name _____ Relationship to Child _____

Telephone No. _____

2. Name _____ Relationship to Child _____

Telephone No. _____

3. Name _____ Relationship to Child _____

Telephone No. _____

Parent/Guardian Signature

Date

COURT CARE FOR THE PIKES PEAK REGION, INC.
Child Nursery Centers
PROGRAM POLICIES

1. The Child Nursery Centers at 309 South Cascade has space available for children from 6 weeks through 14 years of age.
2. The Center is open from 7:30 a.m. to 5:00 p.m. Monday through Friday (except the last Friday of each month when the Courthouse is closed). The center is closed from 12:00 p.m. to 12:30 p.m. for lunch. Children will need to be picked up during this time unless otherwise authorized. Parents may bring their children 15 minutes prior to the court appointment and return immediately following their court business
3. For your child's safety and protection, the person who signed the child in to the Center must also sign the child out of the Center.
4. If for any reasons you need to leave the court premises for other than court business, you must take your child with you.
5. If your child is not picked up by 5:30 p.m. and/or no contact has been made, it is understood that the Emergency Contact Person will be contacted and will be authorized to pick up your child. If the Emergency Contacts cannot be reached, The Department of Human Services and the Police Department will be contacted after 5:30 p.m. to pick up your child(ren).
6. Any child who has a contagious disease will not be allowed in the Center. This includes head lice.
7. The Center will obtain medical care for your child in case of emergency.
8. In accordance with state law, Child Nursery Centers must report any suspected child abuse or neglect.
9. Only those individuals having court business are authorized to use Court Care for the Pikes Peak Region, Inc. It is understood that the information given may be verified with the court.
10. Child Nursery Centers is not responsible for any lost or stolen items left at the Center. The Center will do its best to keep all of your child's items together during their visit. Please take all valuables with you. It would be helpful to have your child's items labeled.
11. It is understood that you must return as soon as your court business is finished. Please make sure to have a court representative sign your form when leaving your courtroom.

I have read and understand these policies

Signature of Parent/Guardian

Date

Child Nursery Centers Employee

COURT CARE FOR THE PIKES PEAK REGION, INC.
Validation of Child Care Use
719-442-1972

PLEASE GIVE THIS CARD TO THE CLERK UPON ENTERING THE COURTROOM

PLEASE MAKE SURE CARD IS SIGNED WHEN COURT BUSINESS IS FINISHED
AND RETURN CARD TO THE CENTER

Parent/Guardian Name: _____ **Date:** _____

Check One: Petitioner___ Witness___ Defendant___ Juror___ Victim___ Other___

of Children: _____ **Ages:** _____ **Appt Time:** _____ AM/PM

Time Out: _____ AM/PM

Division: _____

Print Court Official Name

Contact Phone Number

Other Departments:

	Clerk	Clinic	Comm. Serv.	D.A.	Prob.	Other
Initials:	_____	_____	_____	_____	_____	_____
Time Out:	_____	_____	_____	_____	_____	_____

REFERRAL FOR CHILD CARE SERVICES

AUTHORIZED REFERRAL SIGNATURE **REFERRING AGENCY & PHONE NUMBER**

PRINT NAME

TITLE