

COURT CARE FOR THE PIKES PEAK REGION, INC.
Operated By Early Connections Learning Center

Registration Form
Colorado Springs CO 80903
719-452-5499

Today's Date: _____

Name of Parent/Guardian: _____

Street Address: _____ Apartment# _____

City/Town: _____ Zip Code _____

Telephone Number: _____ Cell Phone Number: _____ /

Military: YES NO ACTIVE NON-ACTIVE OVER SEA

Branch: Army ___ Air Force ___ Navy ___ Marines ___ Coast Guard ___ Reserves ___ Case# _____

Household Size: 1 person ___ 2 Person ___ 3 Person ___ 4 Person ___ 5 Person ___ 6 Person ___ 7+ ___

Head of Household: Male ___ Female ___

Annual Household Income: \$ _____ **This information is kept confidential and is only used for grant reporting purposes**

Are you: Disabled ___ Yes ___ No Homeless ___ Yes ___ No Migrant Farm Worker ___ Yes ___ No

Do you receive: SSI ___ Yes ___ No CCAP ___ Yes ___ No WIC ___ Yes ___ No TANF ___ Yes ___ No

Does your child/ren have health insurance _____ Yes _____ No

Would you like more information on Health Insurance? Yes _____ No

Parent/Guardian Signature: _____

1) Child's Name: _____ DOB: _____

Allergies: Yes ___ No ___ To What? _____ Allergic Reaction _____

Special Needs: Does your child have any special physical or developmental needs? (autism, vision or hearing impairment, ADD, ADHD, other) _____

Formula ___ How many ounces _____ Breast Feed ___ Medical/Physical Restrictions _____

Sex: Male ___ Female ___ Ethnicity: Hispanic ___ Non- Hispanic ___

Race: White ___ Black/African American ___ Asian ___ American Indian/Alaskan Native ___
Native Hawaiian/Other Pacific Islander ___ Other Multi-Racial _____

2) Child's Name _____ DOB _____

Allergies: Yes ___ No ___ To What? _____ Allergic Reaction _____

Special Needs: Does your child have any special physical or developmental needs? (autism, vision or hearing impairment, ADD, ADHD, other) _____

Formula _____ How many ounces _____ Breast Feed _____ Medical/Physical Restrictions _____

Sex: Male _____ Female _____ Ethnicity: Hispanic _____ Non- Hispanic _____

Race: White _____ Black/African American _____ Asian _____ American Indian/Alaskan Native _____
Native Hawaiian/Other Pacific Islander _____ Other Multi-Racial _____

3) Child's Name _____ DOB _____

Allergies: Yes _____ No _____ To What? _____ Allergic Reaction _____

Special Needs: Does your child have any special physical or developmental needs? (autism, vision or hearing impairment, ADD, ADHD, other) _____

Formula _____ How many ounces _____ Breast Feed _____ Medical/Physical Restrictions _____

Sex: Male _____ Female _____ Ethnicity: Hispanic _____ Non- Hispanic _____

Race: White _____ Black/African American _____ Asian _____ American Indian/Alaskan Native _____
Native Hawaiian/Other Pacific Islander _____ Other Multi-Racial _____

4) Child's Name _____ DOB _____

Allergies: Yes _____ No _____ To What? _____ Allergic Reaction _____

Special Needs: Does your child have any special physical or developmental needs? (autism, vision or hearing impairment, ADD, ADHD, other) _____

Formula or Breast Feed How many ounces _____ Medical/Physical Restrictions _____

Sex: Male _____ Female _____ Ethnicity: Hispanic _____ Non- Hispanic _____

Race: White _____ Black/African American _____ Asian _____ American Indian/Alaskan Native _____
Native Hawaiian/Other Pacific Islander _____ Other Multi-Racial _____

5) Child's Name _____ DOB _____

Allergies: Yes _____ No _____ To What? _____ Allergic Reaction _____

Special Needs: Does your child have any special physical or developmental needs? (autism, vision or hearing impairment, ADD, ADHD, other) _____

Formula or Breast Feed How many ounces _____ Medical/Physical Restrictions _____

Sex: Male _____ Female _____ Ethnicity: Hispanic _____ Non- Hispanic _____

Race: White _____ Black/African American _____ Asian _____ American Indian/Alaskan Native _____

Native Hawaiian/Other Pacific Islander _____ Other Multi-Racial _____

COURT CARE FOR THE PIKES PEAK REGION, INC.
Operated By Early Connections Learning Center
Authorization And Consent Form

I, the undersigned, hereby instruct the Early Connections Learning Center 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 Early Connections Learning 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 Early Connections Learning Center 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 Early Connections Learning Center 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 Early Connections Learning Center 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 Early Connections Learning Center 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.
Operated By Early Connections Learning Center
PROGRAM POLICIES

1. The Early Connections Learning Center at South Tejon has space available for children from 6 week through 14 years of age.
2. The Center is open from 7:45 a.m. to 5:00 p.m. Monday through Friday. The center is closed from 12:15 p.m. to 1:15 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, Early Connections Learning Center 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. Early Connections Learning Center 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

Early Connections Learning Center Employee

COURT CARE FOR THE PIKES PEAK REGION, INC.
Validation Of Child Care Use
719-452-5499

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: _____

Case Number: _____

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

****** If in the event that we needed to evacuate please meet us at the Pioneer Museum by the steps on the Tejon side.******