

**DENVER WARM WELCOME COURT CHILD CARE CENTER**

520 West Colfax Avenue, Denver, Colorado 80204 (720) 865-9930

Today's Date \_\_\_\_\_ Referred by (Court Agency/Department) \_\_\_\_\_

Time Service is needed \_\_\_\_\_ Role: Plaintiff Defendant Witness Juror w/D w/P

Court Location \_\_\_\_\_

Name and Address of Parent(s)/Guardian

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

1. Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Allergies:  Yes  No To What? \_\_\_\_\_

Any Medication  Yes  No Name of Medication \_\_\_\_\_

Any Medical/Physical Restrictions? \_\_\_\_\_ Current Immunizations?  Yes  No

Eating Habits: \_\_\_\_\_ Sleeping Habits \_\_\_\_\_

Toileting Habits: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Sex:  M  F

2. Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Allergies:  Yes  No To What? \_\_\_\_\_

Any Medication  Yes  No Name of Medication \_\_\_\_\_

Any Medical/Physical Restrictions? \_\_\_\_\_ Current Immunizations?  Yes  No

Eating Habits: \_\_\_\_\_ Sleeping Habits \_\_\_\_\_

Toileting Habits: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Sex:  M  F

3. Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Allergies:  Yes  No To What? \_\_\_\_\_

Any Medication  Yes  No Name of Medication \_\_\_\_\_

Any Medical/Physical Restrictions? \_\_\_\_\_ Current Immunizations?  Yes  No

Eating Habits: \_\_\_\_\_ Sleeping Habits \_\_\_\_\_

Toileting Habits: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Sex:  M  F

**DENVER WARM WELCOME COURT CHILD CARE CENTER AUTHORIZATION FORM**

I, the undersigned, hereby instruct the Denver Warm Welcome Court Child Care Center or any of the 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 the child care center, 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 the DWWCCCC 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 pertinent to the care of my child(ren) at the time of enrollment and that the DWWCCCC 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 the DWWCCCC is not able to provide care for children who are at any contagious stage of illness. Children who are taking antibiotics for less than 24 hours or have taken any over-the-counter medications within 24 hours may not be admitted.

I understand it is my responsibility to sign my child(ren) in upon arrival and out upon departure. No other person may be authorized to pick up my child(ren).

I understand that every attempt will be made to contact me in the event of an emergency requiring medical attention for my children:

However, if I cannot be reached, I hereby authorize the DENVER WELCOME COURT CHILD CARE CENTER to transport my child(ren) to the nearest medical facility, and to secure for my child(ren) the necessary medical treatment.

My health provider/hospital is \_\_\_\_\_

I understand the staff members in the DWWCCCC are trained in the basics of First Aid and CPR and I authorize them to give my child(ren) first aid and/or CPR when appropriate.

**I understand that medication will not be administered at the DWWCCCC. This includes epi-pens, inhalers, etc.**

I have read the DWWCCCC authorization and consent form and am in agreement with them.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**EMERGENCY RELEASE INFORMATION**

1. Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Relationship to child \_\_\_\_\_

2. Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Relationship to child \_\_\_\_\_

If no emergency contact is provided, I understand that should I fail to return my child(ren) will be placed in the custody of Denver Human Services.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Returnee \_\_\_\_\_ Docket Name \_\_\_\_\_ Courtroom \_\_\_\_\_

Role:  Plaintiff  Defendant  Witness  Juror  w/D  w/P

Child(ren) Names \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DENVER WARM WELCOME COURT CHILD CARE CENTER  
PROGRAM POLICIES**

1. The DWWCCCC capacity is 20 children from age 6 weeks - 11 years. If the center is full, you may stay with your child until there is space available.
2. The center is open from 7:30 a.m. to 5:00 p.m., Monday through Friday. Clients may check-in 15 minutes prior to their scheduled appointment. The center is closed from 12:00 p.m. to 1:00 p.m. for lunch. Children will need to be picked up during this time unless otherwise authorized and may return 15 minutes prior to the afternoon start time.
3. For your child's safety and protection, the person who signs the child in to the center must sign the child out of the center.
4. If for any reason you need to leave the court premises for other than court business, you must take your child with you. This includes going off premises for lunch.
5. Unless otherwise noted, the courtroom will be called if a child has been here longer than 3 hours.
6. 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 Denver Crisis Center will be contacted after 6:00 p.m. to pick up your child.
7. Any child who has a contagious disease will not be allowed in the center. This includes head lice.
8. Children will not be admitted who are taking antibiotics for less than 24 hours and/or over-the-counter medications within the last 24 hours.
9. If a child cries longer than 20 minutes, the courtroom will be called and you will be asked to return.
10. The center will obtain medical care for your child in case of an emergency.
11. In accordance with state law, the DWWCCCC must report any suspected child abuse or neglect.
12. Only those persons having court business are authorized to use the Denver Warm Welcome Court Child Care Center. It is understood that the information given may be verified with the court.
13. The DWWCCCC 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 at the center. Please take all valuables with you.
14. 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 card when leaving the courtroom.

I have read and understand these policies.

Check in time: \_\_\_\_\_

Check out time: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Director's Signature: \_\_\_\_\_

1. Child's Name \_\_\_\_\_

Date \_\_\_\_\_

Diaper Changes

Time Changed     Wet   Dry   BM

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Time Fed/Ate at \_\_\_\_\_

Naps

From                                     To

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Snack \_\_\_\_\_

---

2. Child's Name \_\_\_\_\_

Date \_\_\_\_\_

Diaper Changes

Time Changed     Wet   Dry   BM

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Time Fed/Ate at \_\_\_\_\_

Naps

From                                     To

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Snack \_\_\_\_\_

---

3. Child's Name \_\_\_\_\_

Date \_\_\_\_\_

Diaper Changes

Time Changed     Wet   Dry   BM

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Time Fed/Ate at \_\_\_\_\_

Naps

From                                     To

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

**DENVER WARM WELCOME COURT CHILD CARE CENTER**  
**SUNSCREEN PERMISSIONS**

Date: \_\_\_\_\_

Name of Child(ren): \_\_\_\_\_

In accordance with Colorado State licensing requirements, all children (infants, toddlers, preschoolers and school-ages) enrolled at the Denver Warm Welcome Court Child Care Center must have sunscreen applied to all exposed areas including face, tops of ears, bare shoulders, arms, legs and feet 15 - 30 minutes before outdoor activities (YEAR ROUND). Sunscreen will not be applied to any broken skin or if a skin reaction has been observed. Any skin reaction observed by staff will be reported to the parent/guardian.

Denver Warm Welcome Court Child Care Center will provide NO-AD Sunscreen SPF 30/45.

I understand that sunscreen WILL be applied to my child.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

I DO NOT want sunscreen applied to my child(ren). I hereby release the Denver Warm Welcome Court Child Care Center from any liability if my child gets a sunburn, sun poisoning or any other sun related illness while attending the Center. It is understood that my child(ren) may go outside and be exposed to the sun while at the Center.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date