

17th Judicial District Family Friendly Court Program Child Enrollment Form

This grant funded program provides paid quality child care services to individuals who are conducting county or district court business in Adams or Broomfield Counties through a child care voucher system.

Instructions to use a Child Care Voucher: (please refer to the Child Care Provider List)

- 1) Parents/guardians must call one of the listed Child Care providers at least 48 hours before the scheduled court hearing/appearance to ask whether they have a spot for your child(ren).
- 2) This Child Enrollment Form must be filled out completely for each child and provided to the child care provider when you drop off your child(ren). You may also fill this out at the provider site.
- 3) Child(ren) may be dropped off at the child care provider early enough for you to be present at your scheduled court appearance time.
- 4) When you drop off your child(ren), you must pick up a Child Care Voucher from the provider. Bring this voucher to court with you and have a judicial assistant sign your voucher when your court business is completed.
- 5) Child(ren) must be picked up immediately after the hearing is over. If your hearing is running late and you will not be picking your child up until after 5:00 PM, please call the child care provider immediately.
- 6) RETURN the signed Child Care Voucher to the provider when you pick up your child(ren).
- 7) If you could take a couple of minutes and fill out the Child Care Evaluation and return to the provider, we would greatly appreciate it!
- 8) If you have any questions or need assistance, please call Francesca Archuleta at 303-655-3943.

Thank you so much for participating in our Family Friendly Court program.

Child: _____
Last Name First Name Middle Name Name Used

Address: _____ City: _____ Zip: _____

Gender: _____ Birth Date: _____ Age: _____ Date(s) that Child Care is needed: _____

Father/Guardian Name: _____ Father/Guardian cell phone #: _____

Mother/Guardian Name: _____ Mother/Guardian cell phone #: _____

Emergency Contact Information

Name: _____ Relationship to child: _____

Address: _____ Phone #: _____

Name: _____ Relationship: _____

Address: _____ Phone #: _____

Person(s) authorized to pick up the child: _____

(Your child will not be released to unauthorized individuals.)

Person dropping off child: _____ Cell ph#: _____

Person picking up child: _____ Cell ph#: _____

Other Information

Serious illnesses or injuries to date: _____

Allergies: _____

Particular Habits (eating, napping, playing): _____

Any other information about your child that you'd like to share with the child care provider:

I am verifying that all of the information provided above is true and accurate.

Parent/Guardian Name printed

Parent/Guardian Signature

Date