

**MONTGOMERY COUNTY COURT CARE**  
**Court Care Is An Equal Opportunity Care Provider**  
**(610) 292-4956**

Court Care is a state licensed child care center for use only during court-related business. Please complete the following registration form to enroll your child(ren). It is your responsibility to promptly pick up your child during court breaks, lunch periods and at the completion of your court visit. If Court Care services are needed in the future, please reserve your day and time at the end of your visit today. Reserved placement will only be held for 15 minutes from your scheduled court appointment time. Court Care does not provide early entrance into the program for client/lawyer consultations. Parents will be given an appropriate time window to arrive at their court destination. We thank you for entrusting the staff with the care of your child.  
Reservations will be required for all future visits!

Parent /Guardian's Name \_\_\_\_\_

Current Local Address \_\_\_\_\_

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

Home Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Place of Employment & Address \_\_\_\_\_

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

Food Allergies    Yes    No    Allergic to what \_\_\_\_\_  
Allergic reaction \_\_\_\_\_

Medication        Yes    No    Allergic to what \_\_\_\_\_  
Allergic reaction \_\_\_\_\_

List any medical/physical restrictions: \_\_\_\_\_

Is the child currently taking any medication?    YES        NO        Medication Name \_\_\_\_\_

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

Food Allergies    Yes    No    Allergic to what \_\_\_\_\_  
Allergic reaction \_\_\_\_\_

Medication        Yes    No    Allergic to what \_\_\_\_\_  
Allergic reaction \_\_\_\_\_

List any medical/physical restrictions: \_\_\_\_\_

Is the child currently taking any medication?    YES        NO        Medication Name \_\_\_\_\_

3. Child's Name \_\_\_\_\_ Birth date \_\_\_\_\_ Allergies/Med./Restrictions \_\_\_\_\_

4. Child's Name \_\_\_\_\_ Birth date \_\_\_\_\_ Allergies/Med./Restrictions \_\_\_\_\_

Child's Physician Name \_\_\_\_\_ Contact Number \_\_\_\_\_

Address/City \_\_\_\_\_

Current Health Insurance \_\_\_\_\_ Policy / Social Sec.# \_\_\_\_\_

If enrolling your child into the Montgomery County Court Care program and your child currently has an IEP or IFSP (individualized education plan) that will assist us in providing quality care. We ask that you make the Director or Teaching Staff aware of your documentation. This documentation will assist in lesson plan and curriculum development and become a part of your child's enrollment folder.

Release Person

(Every family must list at least one additional pick up person, other than themselves.)

In the event that I am unable to pick-up my child, I authorize Court Care to release my child to:

Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone # \_\_\_\_\_

Additional Emergency Contacts

Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone # \_\_\_\_\_

Court Business Information

Court Department/Location: \_\_\_\_\_

Reason for Business: \_\_\_\_\_

Referral to Court Care Program: \_\_\_\_\_

Due to medication and food allergies, it is necessary to post this information for staff and teachers to best serve your child. May we post this information? YES NO

Is there a chance that you will be incarcerated (jailed) on this court visit? YES NO  
If yes, please make provisions for emergency pick-up of your child.

Is your pick-up person, the same as your release person, listed above? YES NO  
If no, whom will your child be released to:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone# \_\_\_\_\_

General Health/Immunization Statement

I do hereby attest to the fact that, to the best of my knowledge, the child(ren) named above are in suitable physical and emotional condition to participate in the center's activities at the Court Care program. I also agree, to the best of my knowledge, that all children's immunizations are current for their age and the child is free of communicable diseases at the time of their enrollment.

With my signature, I state that all the above information is true and correct to the best of my ability.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

Parent Handbook Receipt Form

I have received a copy of the Parent Handbook from the Montgomery County Court Care. I am responsible for reading, understanding and following the policies and procedures set forth by the County drop-in program. *Parents not following policies and procedures of the state or center will result in discontinuance of center usage.* All questions concerning the parent handbook should be addressed to the Director of the Court Care Program.

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

Permission for Medical and Transportation

I, as parent / guardian of \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ give my permission to the Montgomery County Court Care program to apply whatever first aid might be necessary, if my child should need medical or emergency treatment while left at the center. I also give permission to have my child/ren admitted and transported to the nearest hospital for emergency treatment, if I cannot be located and hospital treatment is necessary.

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

Relationship to child/ren \_\_\_\_\_

Picture / Photo/ Interview Release

Sometimes we take pictures of the children in our center as they work and play during the day.

May we display your child's/ren's photo on our bulletin board? YES NO

May we publish your child's/ren's picture in the local newspaper? YES NO

Would you, the parent/guardian, be willing to share personal experiences with news/media? YES NO

It is my understanding that these pictures would be used for the purpose of highlighting the positive aspects of the Court Care Program. By my signature, I give permission for the staff at the Court Care Program to display or publish my child's/ren's photo.

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

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

Civil Rights Compliance

MONTGOMERY COUNTY COURT CARE  
NORRISTOWN, PENNSYLVANIA

In accordance with applicable federal and State civil rights laws and regulatory requirements, you and your children, as a client of this facility, have the right:

To be provided services at this facility and to be referred for services at other facilities without regard to your race, color, religious creed, handicap, ancestry, national origin, age or sex.

To file a complaint of discrimination if you feel you have been discriminated against on the basis of your race, color, age or sex. Complaints of discrimination may be filed with any of the agencies located on the discrimination material in your parent handbook.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

Do you require any of the following information on this visit?

Subsidized Daycare \_\_\_\_\_ Health \_\_\_\_\_ Insurance \_\_\_\_\_ School Readiness \_\_\_\_\_ Women's Center \_\_\_\_\_ Shelters \_\_\_\_\_

**Parent Agreement of Service**  
**Montgomery County Court Child Care**  
**Norristown, Pennsylvania**  
**55 PA Code Chapters 3270.123 & 181 © & 3280.123 & 181 ©; 3290.123 & 181 ©**

Name of Child(ren)

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**Fee Amount--** \$0.00                      **Per Day Week-** \$0.00                      **Day Payment to be Made-** N/A

Services to be provided as a part of the day care fee (transportation, care, and meals)

Montgomery County Court Child Care is a free licensed drop-in child care service for families with court related business. The center provides a quality early learning standards based child care program that meets the developmental needs of all children served. The center provides a morning snack, afternoon snack and a beverage. Water and juice are always available to all children.

**Child's Arrival Time:** \_\_\_\_\_ **Child's Departure Time:** \_\_\_\_\_ **Late Fee:** \$ 0.00    **Rate Per Min.:** \$ 0.00

Extra services to be provided at an additional fee, if applicable:

No additional services provided at center

I, the parent/guardian;

Received complete written program information at the time of enrollment. (§ 3270.121, 3280.121, 3290.121)

Agree to update the emergency contact/parental consent form information whenever changes occur or every 6 months at a minimum. (§3270.124, 3280.124, 3290.124)

The services to be provided to the family and the child, include the Department's approved form to provide information to the family about the child's growth and development in the context of the services being provided. The operator shall complete and update the form and provide a copy to the family in accordance with the updates regarding emergency contact information in 3270.124(f) (relating to emergency contact information)

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director/Staff Signature

\_\_\_\_\_  
Date

<u>Date of Child's Admission</u>	<u>Periodic Review</u>
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<u>Date of Withdrawal</u>	
Signature Parent or Guardian	Date