

DC SUPERIOR COURT CHILD CARE CENTER
 500 Indiana Avenue, NW, C-185, Washington, DC 20001
 (202) 879-1759

DOROTHY COLEMAN, DIRECTOR

NICHOLE ANDERSON, ASST. DIRECTOR

ATTACH THIS FORM TO THE DC GOVERNMENT REGISTRATION FORM

Child's/Children's Name	Date of Birth and Age

BUSINESS WITH THE COURT:

- () DEFENDANT () PLAINTIFF () POLICE OFFICER – BADGE NO. _____
 () JUROR – BADGE NO. _____ () WITNESS () OTHER _____

Courtroom No.	Room/Office Number: :
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PLEASE READ THE FOLLOWING AND CHECK THE BOXES

- () I understand the Center closes at 5:00 p.m. I will make arrangements for my child to be picked up by 5:00 p.m.
- () I understand the Center does not furnish lunch for my child; it is my responsibility to provide lunch outside the Center.
- () I hereby certify that this/these child(ren) is/are in good health and free of communicable disease.
- () I hereby certify that this/these child(ren) has/have been seen by a doctor within the past year.
- () I hereby agree that should any accident, illness or injury occur, my child(ren) may be treated at the nearest hospital and/or DC Court's Health Unit.
- () I hereby certify that my child(ren) is/are at least two years old (24 months) and toilet-trained, i.e., no pampers or pull-ups, and fully capable of handling bathroom needs without assistance.
- () In case of building evacuation, I will pick up my child at 4th and C Streets, NW, John Marshall Plaza between the Canadian Embassy and US District Courthouse. In inclement weather, I will pick up my child(ren) in the Lobby of Building A, 515 – 5th Street, NW.
- () I understand that a current immunization record is required on the child's second visit to the Center.

SECURED PROTECTION IS NOT PROVIDED IN CUSTODY DISPUTES

Print Name/Relationship To The Child(ren)	Signature	Date
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TIME IN: _____

TIME OUT: _____