Superior Court of California, Santa Clara Children's Waiting Room Registration Form



	h	ttps://www.cataly	stcomm.org				
Your Name (Print):		Relationship To Child:					
Mailing Address:		Phone:					
Email:		Court Room:					
Child's First/Last Name:	DOB:	A	Age:				
Child's First/Last Name:	DOB:	A	Age:				
Child's First/Last Name:	DOB:	A	Age:				
Child's First/Last Name:	DOB:	A	Age:				
Child's First/Last Name:	DOB:	A	Age:				
Allergies? □ yes □ no If yes, list child and their allergies :	•	nditions?					
Are there custody/other issues we should be aware of? □ yes □ no (if yes, please explain)							
IN CASE OF AN EMERGENCY, OR IF I AM UNABLE TO PICK-UP MY CHILD/REN, I HERBY AUTHORIZE THE FOLLOWING PERSON TO PICK-UP MY CHILD/REN. (Please list one person besides yourself) Name: Phone:							
ationship:							
IN CASE OF INJURY OR SUDDEN ILLNESS, I HERBY GIVE AUTHORITY TO CATALYST COMMUNITY STAFF, SUPERIOR COURT OF CALIFORNIA, SANTA CLARA, EMERGENCY SERVICES AND ANY HOSPITAL OR DOCTOR TO RENDER IMMEDIATE AID AS MIGHT BE REQUIRED. IT IS UNDERSTOOD THAT I WILL ACCEPT THE EXPENSE OF THIS SERVICE.							
Signature	Date:						



Children's Waiting Room Policy

1. Age Requirements: Children must be at least 2 yrs old (Fully Toilet trained. No Diapers or Pull ups) to use the

	Children's Waiting Room. In	nitial					
2.	lunch from 12:00 pm to 1:00	pm . We as odate late p	k that your child be ick-ups if there are e	picked up before 1 extenuating circumst	4:45 pm. We are closed during 1:45 am and 4:30pm. We will tances. The Sheriff's Department dup on time. Initial		
3.	released to you until the build building is not cleared the Ch	If an emergency evacuation occurs while your child is in our care, they will not be uilding is cleared and the children have returned to the Children's Waiting Room. If the Children's Waiting Room staff will contact, you with pickup information. All Adults racuation process as designated by the courthouse. Initial					
4.	Participation: You must rem	nain in the b	uilding while your c	hild is in the Childre	en's Waiting Room. Initial		
5.	Food : Children will be offere please discuss the snacks with	ed a healthy snack. If your child has any food allergies or is on a restricted diet, the teacher. Initial					
6.	of fever, severe cough, diarrh	ea, vomitin aiting Roon tely. Initial	g, sore throat, infection. If your child become	ons of the skin or ey	om. If your child shows symptom yes; or lice they CAN NOT be ar care, the teacher will contact		
7.	Behavior Issues : No inappro Children's Waiting Room. Bo Initial		•		•		
8.					mittance. Children will only be MADE unless ordered by a judg		
9.		, tablets, ha	ndheld video games	etc. be left with the	pom. We ask that all electronic parent/guardian. If the teacher lost or damaged. Initial		
10.	Usage Policy: The Children times per week, and no more by-case basis. Initial				nours per day, not to exceed 3 licy will be considered on a case.		
hold h Count	, , ,	Staff, Cat ployees, fro	alyst Family Inc., a om and against any	nd the Superior Co and all claims, loss			
Signat	ure:			Date:			
Cataly	st Community Staff:			Date:			
Date:	_Signature:	_ Date:	Signature:	Date:	Signature:		
Date:	Signature:	_ Date:	Signature:	Date:	Signature:		