



Date \_\_\_\_\_ NCJW Initials \_\_\_\_\_

Arrival Time \_\_\_\_\_ Pick-Up Time \_\_\_\_\_

Identification Type \_\_\_\_\_ Identification No. \_\_\_\_\_

**NCJW Children's Playroom Registration Form**

**IMPORTANT:** Please provide the requested information by typing or printing legibly on the lines provided and bring this form with you to the Playroom. Your child will not be released to anyone other than you or the person you designate on this form. For security reasons, no visitors are permitted in the playroom. Please remember to pick up your child if you leave the Court facilities.

Child's Name \_\_\_\_\_  
(1<sup>st</sup> Child)      First      Middle      Last

Nickname \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_

Child's Known \_\_\_\_\_

Allergies (if any): \_\_\_\_\_

Child's Name \_\_\_\_\_  
(2<sup>nd</sup> Child)      First      Middle      Last

Nickname \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_

Child's Known \_\_\_\_\_

Allergies (if any): \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_

Relationship to Child(ren): \_\_\_\_\_

Address: \_\_\_\_\_

Street Address

Apt. No.

City

State

Zip

Home Phone \_\_\_\_\_ Alternate (Cell/Pager) Number: \_\_\_\_\_

Juror Reporting to: (Please check one)

Room 700 City-County Building

Room 318 Courthouse

Court Room Number \_\_\_\_\_

Other \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_

Relationship to Child(ren): \_\_\_\_\_

Address: \_\_\_\_\_

Street Address

Apt. No.

City

State

Zip

Daytime Number: \_\_\_\_\_ Alternate (Cell/Pager) Number: \_\_\_\_\_

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