



**CIPRIANI PLACE
4 Cipriani Boulevard
Port of Spain**

**familycourt@ttlawcourts.org
Tel: (868) 624-4405 / 627-6297**

CHILDREN'S WAITING ROOM

RETRIEVAL FORM

Please complete this form in BLOCK LETTERS.

Date _____

Time of Arrival _____

I retrieved _____ from the
Name of child/children.

Children's Waiting Room _____ am/pm. and was confident that good care was given to my child/children while they were in the care of the Day Care Officers. I also checked and found that all items that were left in the care of the Day Care Officers were returned and in the same condition as when I left them.

Signature of Parent/guardian

Signature of Day Care Officer