



Physical: 310 E. Main St., Room 20 · Yamhill, Oregon 97148
Mailing: PO Box 125 · Yamhill, Oregon 97148

Date: _____ Grade: _____ School: _____

Childs Legal Name: _____ Nickname and/or Preferred name: _____

Home Address: _____

Street City State Zip

Mailing Address: _____

Street City State Zip

Home Phone: _____ Email: _____

Parent/Guardian 1: _____ Email: _____

Work: _____ Work Phone: _____ Cell Phone: _____

Parent/Guardian 2: _____ Email: _____

Work: _____ Work Phone: _____ Cell Phone: _____

Emergency Information

Please list **two** people, other than parents, we can call to assume temporary care of your child in the event you cannot be reached

Emergency Contact 1: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact 2: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____



Yamhelas Community Resource Center
PO box 125 · Yamhill, Oregon 97148

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Child's Medical Information

Doctor's Name: _____ Phone: _____

Does your child have insurance? Yes _____ No _____

Name of Insurance Plan: _____ Policy Number: _____

Medical Conditions/ Allergies

Authorized individuals to pick up my child:

Name: _____ Relationship: _____

Address: _____

Phone: _____ Work Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Address: _____

Phone: _____ Work Phone: _____ Cell Phone: _____

Drop off and pick up

Will your child arrive by: Bus _____ Walking _____ Parent _____ other _____

Pick up: Children are to be picked up no later than 6:00pm. Children may not be picked up by anyone other than parent/guardian, emergency contact or authorized individuals listed on this form. Please call or send a note if you would like to add an individual to your authorized list.



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Please Initial

[] In consideration of my child's participation in this kidspace program and to the fullest extent permitted by law, I agree to indemnify, defend, and hold harmless Yamhelas Community Resource Center (YCRC), its officers, directors, employees, agents, volunteers, and assigns from and against all claims arising out of or resulting from my child's participation in the program. "Claim" as used in this agreement means and financial loss, claim, suit, action, damage, or expense, including but not limited to attorney's fees, attributable to bodily injury, sickness, disease or death, or injury to or destruction of tangible property including loss of use resulting there from.

[] I also understand that YCRC does not provide any medical or dental insurance or life insurance to cover bodily injury, illness or death, nor insurance for personal property damage or loss, nor insurance for liability arising out of my or my child's negligent acts or omissions; and I acknowledge that I am responsible for my own insurance to cover these expenses.

[] I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child however, if I cannot be reached, I hereby authorize YCRC to transport my child to the hospital and to secure necessary treatment.

[] I understand that YCRC expects all students and program participants to follow the Yamhill-Carlton School district behavioral guidelines.

[] I understand that my child may be dismissed from the program at any time due to disrespectful and or disruptive behavior.

[] I hereby grant YCRC permission to take pictures of my child in there program. I allow the use of any photographs taken in any and all publications, including but not limited to flyers, posters and website entries.

Program Cancellation: If School is cancelled for any reason, Kidspace programs and activities will also be cancelled.

Parent/Guardian Signature: _____ Date: _____



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