



Kagyu
Changchub
Chuling

Office Use
Only

Received:
Interviewed:
Placement:

Children's Program Registration Form

Father's Last Name: _____ First Name: _____

Address: _____ E-mail: _____

City/State/Zip: _____

Daytime Phone: _____ Evening Phone: _____ Mobile: _____

Best time to reach you by phone: _____

Mother's Last Name: _____ First Name: _____

Address (if different): _____ E-mail: _____

City/State/Zip: _____

Daytime Phone: _____ Evening Phone: _____ Mobile: _____

Best time to reach you by phone: _____

Child's First Name: _____ Last Name: _____ Birthdate: _____

Siblings Names: _____ Birthdates: _____

Does your child have any special information (divorced family, two-dharma family, anxieties, etc.)?

Yes No

If yes, please explain: _____

Does your child have any disabilities, allergies or food preferences?

Yes No

If yes, please explain: _____

(Continued on back)

KCC
4936 NE Skidmore
Portland, Oregon 97218 USA
<http://www.kcc.org/contact-us>

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Is your child taking any medications?

Yes No

If yes, please explain: _____

May your child join us for walks during Dharma school? Yes No

May we use your child's photo (no name) on our web site or other promotional venues? Yes No

Does your child have any of the following experiences: Church Buddhist Meditation

Would you like to be contacted for volunteer opportunities in the Children's Program? Yes No

Please check all that apply:

Creating art projects

Finding books or stories

Room clean-up

Snack management

Purchasing Supplies

Other: _____

In connection with my voluntary involvement in activities undertaken for and with the participation and support of K. C. C., a nonprofit organization, I hereby agree, for myself, my heirs, assigns, executors and administrators to release and discharge K. C. C., its officers and directors, employees, agents and volunteers from all claims, demands and actions for injuries sustained to my person and/or property as a result of my involvement in such activities, whether or not resulting from negligence, and I agree to release and hold K. C. C., its officers and directors, employees, agents and volunteers harmless from any cause of action, claim or suit arising therein. I hereby attest that my attendance and involvement in such activities is voluntary, that I am participating at my own risk and that I have read the foregoing terms and conditions of this release.

Parent/Guardian's Signature
(Required if less than 18 years of age)

Date

PLEASE GIVE THIS FORM TO THE DHARMA SCHOOL TEACHER.

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4936 NE Skidmore
Portland, Oregon 97218 USA
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