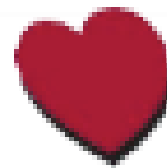# Yavapai Casa for Kids Foundation

Support a Child

Save a Life

Adoption Exchange Mailbox Enrollment & Registration Packet

Enrollment Agreement

Please initial each of the following on the line to indicate your agreement to the terms of enrollment for the Adoption Exchange Mailbox (AEM) program.

_____ I would like to exchange letters, photos, and communications with the parties from the adoption of the child listed on this form. I am doing this voluntarily.

_____ I wish to join the Adoption Exchange Mailbox program as the:

☐ Adoptive parent

☐ Biological parent

☐ Relative of the adopted child listed below on this form

Both parties must join the program before an exchange of communications can occur. (The Adoption Exchange Mailbox does not search for parties).

_____ I understand that I must provide the Adoption Exchange Mailbox with my valid contact information and mailing address. Mail that is returned to the Adoption Exchange Mailbox because of an invalid address will be returned to the sender.

_____ I understand that I or the other party may withdraw from the Adoption Exchange Mailbox at any time by notifying the Adoption Exchange Mailbox in writing. Also, I may rejoin the Adoption Exchange Mailbox, at any time, by sending a written request via email or to the mailbox.

_____ I understand that the names and addresses of the adopted child, birth parents, adoptive parents, and/or relatives will be kept confidential by the Adoption Exchange Mailbox. Any disclosures of personal information within the communications that are forwarded are the responsibility of the participants and not the Adoption Exchange Mailbox or its sponsors.

_____ I understand that this exchange of written communications is a free service provided by Yavapai CASA for Kids Foundation in collaboration with the Verde CASA Support Council.

_____ I understand that the Adoption Exchange Mailbox isn't responsible for what participants send in the correspondence, when the communications will occur, or what any participant will do with the mail they receive in this exchange.

_____ I agree to hold harmless Yavapai CASA for Kids Foundation, from any consequences resulting from the exchange of the communications passed through this program.

_____ I agree to notify the Adoption Exchange Mailbox if my contact information changes or if I no longer wish to participate in the program

Registration

Please fill in the fields below and return this to packet to Yavapai CASA for Kids Foundation to complete your enrollment for the Adoption Exchange Mailbox.

Return the completed packet to one of the following:

- PO Box 26322 Prescott Valley, AZ 86312
- Info@yavapaiCASAforKids.org with "AEM Enrollment" as the subject line.

I am, check one:

☐ Adoptive Parent   ☐ Grandparent   ☐ Aunt/Uncle

☐ Birth Parent   ☐ Sibling   ☐ Other_____

Printed Name:_____ Date:_____

Signature:_____ Phone:_____

Mailing Address:_____

Email Address:_____

Adopted Child's Birth Name:_____

Child's Date of Birth:_____

DCS Adoption Case Manager:_____