



Paws & Affection
Empowering Children with Amazing Dogs

2018 Service Dog Workshop Registration Packet

Checklist

- Registration Form
- Photo Release
- Permission Trip Form
- Emergency Contact Form
- Payment

*If registering more than 1 child, please fill out an additional packet.



**Service Dogs 101 and 102
Registration Form**

Parent/Guardian 1 name: _____ Email: _____ Phone #: _____

Parent/Guardian 2 name: _____ Email: _____ Phone #: _____

Child's name: _____ Birthday: _____

Age(s) at time of workshop: _____

Registration:

*Sessions run from 9am-3pm and are located at our training facility at 8 Wynnewood Ct. Narberth, PA.

*Please select the workshop session(s) you are registering for by checking the appropriate box(es).

*The curriculum for all three Service Dogs 101 sessions is identical.

*There are only 8 spots available per session. If the session does not have at least 6 registered kids 2 weeks prior to the start date, the session will be cancelled, you will be notified and a full refund will be issued.

Service Dogs 101	Registration Deadline
<input type="checkbox"/> June 25-29	June 11
<input type="checkbox"/> July 23-27	July 9
<input type="checkbox"/> August 13-17	July 30

Service Dogs 102*	Registration Deadline
<input type="checkbox"/> August 27-31	August 13

*Please note: Service Dogs 102 is only open to children who have previously completed or are now registering for Service Dogs 101.

Payment:

Registration fee per child per session: \$475 (payable by check or [credit card](#))

If paying by check, please make payable to Paws and Affection and mail to: PO Box 201 Merion, PA 19066

*Payment must be received at time of registration in order to hold your spot.

Cancellation policy:

Paws and Affection will issue a full refund if cancellation occurs 1 month prior to start date of workshop session. Registration fee will not be refunded if cancellation occurs less than 1 month prior to the start of the workshop.

Parent/Guardian's Signature: _____

Date: _____



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Photo – Video Release

From time to time, it is necessary to use photos and/or videos for educational or public relations purposes. I authorize Paws and Affection, Inc. to use photos or videos of the minor stated below or myself for such purposes which may include social media, advertising or editorial trade, and to alter the same without any restriction. I ask that the above mentioned use reasonable efforts to give me advance notice of any such use, but such notification is not a condition to release media for educational or public relations purposes. I understand that Paws and Affection, Inc. will not disclose names of minors when using these photos or videos. I hereby release Paws and Affection, Inc. and its agents, employees, officers, and stockholders from all claims and liability relating to said photographs and videos.

Minor's Name _____

Legal Guardian's Name: _____

Legal Guardian's Signature _____

Date: _____



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Field Trip Permission Slip

Paws and Affection has a special field trip planned and would like your permission to take your child. With adult supervision, children will walk to a local business in Narberth. The mission of this trip is two-fold: for children to experience real-world application of service dogs in public and to have a fun outing.

I give permission for my child, _____, to attend the field trip

detailed above with Paws and Affection staff and counselors.

The best number to reach me during 9am to 3pm Monday-Friday is (_____)_____.

Signature of parent/guardian_____ **Date** _____



Emergency Contact Parental Consent Form

Child's Name:	Birth Date:
Address:	
Legal Guardian 1 Name:	Home Number:
Address:	Cell Number:
Email Address:	Business Number:
Legal Guardian 2 Name:	Home Number:
Address:	Cell Number:
Email Address:	Business Number:
Emergency Contact Person 1:	Phone Number:
Emergency Contact Person 2:	Phone Number:
Emergency Contact Person 3:	Phone Number:
Person(s) To Whom Child Can Be Released:	
Name:	Address:
Name:	Address:
Child's Primary Care Provider:	Phone Number:
Address:	Allergies:
Disabilities (if any):	Medications:
Medical/Dietary Info Necessary In An Emergency Situation:	
Health Insurance Coverage For Child Or Medical Assistance Benefits:	Policy Number (Required):
Guardian's Signature is Required For Each Item Below To Indicate Parental Consent	
Obtaining Emergency Medical Care:	
Walks and Trips:	
Admin. of Minor First-Aid Procedures	

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____



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Payment:

Registration fee per child per session: \$475 (payable by check or [credit card](#))

If paying by check, please make payable to Paws and Affection and mail to below address.

Thank you for registering!

Please return this packet via email or US mail to:

info@pawsandaffection.org

-or-

Paws and Affection

PO Box 201

Merion, PA 19066.

**Spots are reserved when
both payment and paperwork have been received.**