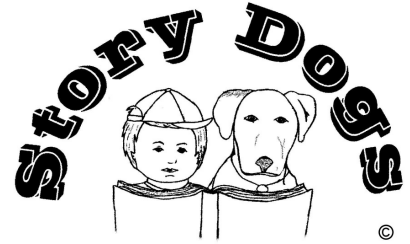


# Story Dogs Registration Form



Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone number: (        )        - \_\_\_\_\_

Date of Birth (YYYY-MM-DD): \_\_\_\_\_

Parent or Guardian Name(s): \_\_\_\_\_

Reading level as reported by school: \_\_\_\_\_

Why does your child want to be involved in the **Story Dogs** program?  
\_\_\_\_\_  
\_\_\_\_\_

Which Day of the week would you prefer:    Tues    Wed    Thu    Sat  
Time: daytime (    )    evening (    )    Sat. daytime (    )

Location: Alliston (    )    Beeton (    )    Tottenham (    )

Every effort will be made to accommodate your availability. **Story Dogs'** members are volunteers so some flexibility may be required to pair your child with the appropriate **Story Dog**.

I \_\_\_\_\_ (Parent/Guardian) consent for Story Dogs of New Tecumseth to use the information recorded in \_\_\_\_\_ (Child) **Story Dogs** diary to evaluate the effectiveness of the program. All names will be held confidential by New Tecumseth and New Tecumseth Public Libraries. The diary is the property of Story Dogs of New Tecumseth and will be returned to the child after the evaluation is complete. Story Dogs of New Tecumseth are not responsible for supervision of children beyond scheduled time.

Parent or Guardian's signature \_\_\_\_\_ Date \_\_\_\_\_

Further information e-mail: [info@storydogs.net](mailto:info@storydogs.net)