



Registration Form 2019 Dog Days of Summer Children's Program

To register your child for Fidelco's **Dog Days of Summer Program**, please return this application along with the waiver and payment to:
Dog Days of Summer Program, Fidelco Guide Dog Foundation
103 Vision Way, Bloomfield, CT 06002

Weeklong, half-day sessions for children ages 8-11 & 12-14

Program fee:

\$255 Promotional rate for registering by May 1, 2019 *

\$275 Rate if registering on or after May 2, 2019

NEW: Returning students take \$20 off

NEW: Sibling Rate: 1st child normal rate; 2nd + 50% off

Child's Full Name (printed name): _____ M F
Birth Date: _____ First year attending Dog Days of Summer? No Yes Age? (at time of session): _____
Parent/Legal Guardian (printed name): _____ Parent Legal Guardian
Mailing Address: _____
City, State, ZIP: _____
Daytime Phone: _____ Home Cell Work
E-Mail: _____ Personal Business

1 st Pref	2 nd Pref	Session Choices Ages 8-11	1 st Pref	2 nd Pref	Session Choices Ages 12-14
<input type="checkbox"/>	<input type="checkbox"/>	June 24 – June 28 AM	<input type="checkbox"/>	<input type="checkbox"/>	July 8 – July 12 PM
<input type="checkbox"/>	<input type="checkbox"/>	June 24 – June 28 PM	<input type="checkbox"/>	<input type="checkbox"/>	July 15 – July 19 AM
<input type="checkbox"/>	<input type="checkbox"/>	July 8 – July 12 AM	<input type="checkbox"/>	<input type="checkbox"/>	July 22 – July 26 PM
<input type="checkbox"/>	<input type="checkbox"/>	July 15 – July 19 PM			
<input type="checkbox"/>	<input type="checkbox"/>	July 22 – July 26 AM			
<input type="checkbox"/>	<input type="checkbox"/>	July 29 – August 2 AM			
<input type="checkbox"/>	<input type="checkbox"/>	July 29 – August 2 PM			

No refunds/changes within 30 days of session start date. Fidelco reserves the right to cancel any session.

Session confirmations will be sent via email after the application, waiver, and payment are received.

MEDICAL INFORMATION

Emergency Contact: _____ Relationship: _____ Daytime Phone: _____
Primary Care Physician: _____ Daytime Phone: _____
Insurance Carrier: _____ ID Number: _____
Preferred Hospital (Full Name): _____

Does your child have any:

Allergies? No Yes Medical Issues? No Yes Learning Disabilities? No Yes

If "Yes" to allergies, medical issues, and/or learning disabilities, further details are **required** on the following page.

Payment will be provided via: Check (enclosed) Credit Card (call 860-243-4049) Credit Card (form enclosed)

How did you hear about our program? (Fidelco website, newspaper/friend name) _____

General inquiries regarding this program may be directed to 860-243-4801 or trowold@fidelco.org.

Parent/Legal Guardian Signature: _____ Date: _____

***Cost of \$255 is due no later than May 1, 2019. If payment is not received by May 1st the cost will be \$275. If your child attended last year you may take \$20 off the cost of either \$255 or \$275 (depending on date registering). The sibling discount is 50% off the original cost (1st child either \$255 or \$275 and each additional child either \$127.50 or \$137.50)**



Supplemental Medical Information 2019 Dog Days of Summer Children's Program

This form is required if your child has allergies, medical issues, and/or learning disabilities.

Please return this form along with the application, waiver and payment to:

Dog Days of Summer Program, Fidelco Guide Dog Foundation
103 Vision Way, Bloomfield, CT 06002

If you had answered "Yes" to your child having allergies, medical issues, and/or learning disabilities, this form must be included with the application submission. Fidelco will need to review details to determine which session can accommodate your child's special needs best.

Child's Full Name (printed name): _____ M F

Parent/Legal Guardian (printed name): _____ Parent Legal Guardian

ALLERGIES

Please list ALL allergies individually along with their respective: severity, participation limitations, medication/inhaler/Epi-pen needed on hand. **Fidelco has two Ambassador cats on campus; children may be exposed to their dander at some point throughout the program.**

LEARNING DISABILITIES

Please list any learning disabilities (ADHD, Autism Spectrum, Anxiety, Dyslexia, Language Processing, Non-Verbal, Memory, etc.) along with the description of severity or special needs (high-functioning, no additional staff required, etc.)

OTHER MEDICAL ISSUES

Please list any Visual/Hearing Impairments and/or Mobility Limitations along with their respective: severity, participation limitations, medications needed on hand.

ACCOMMODATIONS

Please check all that apply:

- No accommodations need to be made.
- Parent/Guardian will be joining the child during each session.
- The child will be accompanied with the following equipment: (list mobility aids, respiratory equipment, etc.)

- We request to have Fidelco accommodate the following special needs: (to be reviewed for consideration)

Parent/Legal Guardian Signature: _____ Date: _____



Credit Card Payment Authorization Form 2019 Dog Days of Summer Children's Program

To register your child for Fidelco's **Dog Days of Summer Program**, please return this application along with the waiver and payment to:
Dog Days of Summer Program, Fidelco Guide Dog Foundation
103 Vision Way, Bloomfield, CT 06002

Weeklong, half-day sessions for children ages 8-11 & 12-14.

Program fee:

\$255 Promotional rate for registering by May 1, 2019 *

\$275 Rate if registering on or after May 2, 2019

NEW: Returning students take \$20 off

NEW: Sibling Rate: 1st child normal rate; 2nd + 50% off

Name on Credit Card _____

Account Billing Address _____

City, State, ZIP _____

Daytime Phone: _____ Home Cell Work

Credit Card Number _____

Expiration Date _____ CVC _____

Registration Fee for (Child's Full Name) _____

By signing, I authorize Fidelco Guide Dog Foundation to apply charges for the summer program registration fee to the credit card account provided above. I also acknowledge that there will be no refunds/changes made within 30 days of session start date. *Session confirmations will be sent via email to parent/guardian listed on the application after the application, waiver, and payment are received.

You may also phone in your credit card payment by calling 860-243-4049 after the application form has been submitted.

Please DO NOT email your credit card authorization form.

Authorized Signature _____ Date _____



Waiver of Liability

SESSION DATE: _____ AM PM

2019 Dog Days of Summer Children's Program

To register your child for Fidelco's **Dog Days of Summer Program**, please return this form along with the application and payment to:
Dog Days of Summer Program, Fidelco Guide Dog Foundation
103 Vision Way, Bloomfield, CT 06002

Application, waiver, and payment must be received prior to session confirmation.

I, _____, as parent or legal guardian of

_____, shall save, defend and hold harmless from any and all claims, losses, judgments and insurance claims for any injuries or property damage, The Fidelco Guide Dog Foundation, its directors, officers, employees, agents, contractors, or volunteers relating to your child's participation in the **Dog Days of Summer Program**.

It is further agreed that the undersigned is fully aware of the nature and extent of the potential hazards of working with or being around dogs and the kennel premises and agrees to be personally responsible for any and all injuries sustained to the child listed above, or loss of any property, and further grants permission to the Fidelco Guide Dog Foundation to seek immediate medical attention as deemed necessary by our organization and for such medical attention to be administered to your minor child in the absence of a legal parent or guardian.

I also give the Fidelco Guide Dog Foundation permission to use any film, photographs or video recordings of session participants for any purpose. **PLEASE NOTE: Should you choose not to allow photography, the child will be excluded from any group photos which will be distributed to each participant at the close of the week's session.**

Parent/ Legal Guardian (printed name): _____

Mailing Address: _____

City, State ZIP: _____

Daytime Phone: _____ Home Cell Work

E-Mail: _____ Personal Business

Signature: _____ Date: _____

Dog Days of Summer, Fidelco Guide Dog Foundation, 103 Vision Way, Bloomfield, CT 06002
GENERAL INQUIRIES regarding this program may be directed to Fidelco at 860-243-4801 or trowold@fidelco.org.
FOR PAYMENTS ONLY call 860-243-4049.



Frequently Asked Questions (FAQ) 2019 Dog Days of Summer Children's Program

To enroll your child into Fidelco's **Dog Days of Summer Program**, please submit an application, payment, and waiver to:
Dog Days of Summer Program, Fidelco Guide Dog Foundation
103 Vision Way, Bloomfield, CT 06002

What is covered in the program? Fidelco Guide Dog Foundation's summer program is designed for the dog lover! Children learn about Fidelco's German Shepherd guide dogs – their development, training, and the amazing partnerships our guide dogs have with men and women who are blind. Participants will experience working with a guide dog as someone who is blind by participating in blindfold walks, and learning about the everyday challenges that people with visual impairments may face.

Children will also learn about other breeds and their origins, canine development, puppy raising, basic dog training, health care, grooming and first aid. They will work in our kennel, assisting with feeding and cleaning to help them understand the responsibility of dog ownership. Other topics of discussion include but are not limited to: anti-drug messaging, canine jobs outside of "guide dog" work, dog-related career opportunities for humans, and more!

Will my child work directly with the dogs? Yes, our program is hands-on and your child will work with dogs and puppies (puppies are 8 weeks to 1 year of age). There are two ambassador cats on campus and the child may be in contact with their dander.

How long is the program? Each program is 4 hours per day for one week from mid June to early August. The morning session is held from 8 am to noon and the afternoon session is held from 12:30 to 4:30 pm. The **doors will remain closed between sessions** to allow for set up and breaks between sessions.

Can my child stay all day?* Due to the State of Connecticut program regulations, children are only allowed to stay for a half day.

What are the ages of the children? Child range is from 8 to 14 years old; sessions will be in age groups of 8-11 and 12-14.

My child is over 11, can they still attend? Children age 15 or older (by June 1, 2019) can volunteer as program helpers based on need. The role of Volunteer Assistant is extremely important and requires only the very serious to apply. Training is provided.

How many children are in each session? Each session has a maximum of 14 children.

Can I stay with my child? Most parents do not stay with their children; however, if your child has a special need or is more comfortable with you there, you are welcome to stay.

Is the program held indoors or outdoors? The majority of the program is held indoors in our air conditioned Training Center at the Bloomfield campus with occasional brief outdoor activities.

Is food allowed? We encourage all children to bring a snack and a drink. Each day, there will be an activity associated with their snack so **we ask that the child not be informed of what is being packed for them.**

What else will my child need to bring? Daily, the child should bring a bag or a backpack. This bag will be labeled with your child's name upon arrival. In addition to including their "secret" daily snack and beverage, the bag should also include a pair of sneakers and a change of clothes (sometimes they get wet!)

Is transportation provided?* Transportation is not provided.

***What is the pick up procedure?**

Unless otherwise communicated via email (trowold@fidelco.org) in advance, your **child will only be released to the Parent/Guardian and/or Emergency Contact designated on your child's registration application.** Please inform those you've designated to be prepared to show **photo identification** at time of pick up – **EACH DAY.** This is to ensure the child's safety and your peace of mind.

We do not have designated staff or volunteers on hand to accommodate late pick ups. **Please ensure that your child is picked up promptly at the scheduled close of each session.** We do NOT need to be notified of who will be dropping your child off.