



**Mrs. Mary Teacher: 5th grade
Hillcrest Elementary School
Council Rock School District
2025-26**

GOOD NEWS!

Dear Parents:

We, in B-14, will be participating this year in the ***Nor'wester Therapy Dogs Canine Partners in Education Program***. This program assigns registered therapy dogs to a classroom to enhance our educational environment. Beginning on **Date** we will welcome a therapy dog and his/her handler.

They will visit and participate with us weekly during our Language Arts time. Sometimes the students will be reading to the dog, and other times the dog will be incorporated by the teacher as part of the classroom academic curriculum

Student participation with the therapy dog will be based on their comfort level.

I'm very excited to be able to participate in this program. Before the therapy dog team begins visits, we need permission from you for your child to participate. Please sign and return the permission slip below by **Date**.

More information about the Nor'wester Therapy Dog program is available at www.norwestertherapydogs.org

Sincerely,
Mrs. Mary Teacher

Place a checkmark on each preceding blank to indicate that you are granting permission.

I give permission for my child (PRINT child's full name) to participate in the ***Nor'wester Therapy Dogs*** program. _____

I give permission for photographs of my child to potentially be used in:

- Council Rock and school building publicity
- Nor'wester Therapy Dogs videos
- Newspaper and magazine articles
- On the NWT D webpage and NWT D program brochures
- On the NWT D Facebook page
- Photographs may be used, but do not identify my child by name

Parent name: (please print) _____

Parent signature: _____

Date: _____