

You're Not Alone  
your story continues.



Please complete & submit forms via  
email to: [admin@y-nausa.org](mailto:admin@y-nausa.org)

Yna; Use Only --

Registration Form  
Received On (Date):

School/District Info  
Added Into Database:

Policies & Procedures Received:

Contract Received:

Therapy Dog Team Pairing:

## Registration Form

# SCHOOL DISTRICTS

## SCHOOL AND/OR DISTRICT INFORMATION

School/District Name:

Contact Within District:

Contact Info  
(Phone & Email):

Job Title:

School Address:

Onsite Contact Person:

Contact Info  
(Phone & Email):

Job Title:

Have You  
Attended A  
School District  
Info Session?

Yes

No

## LOGISTICS

Please Provide Yna; (via email) with a policies and  
procedures document for your school/district. Check this  
box when this is completed.

Complete

Do you have a specific therapy dog team in mind for  
your school/district?

If Yes, Write  
Names Here:

No:

What is your hope for implementing Yna;  
services into your school/district?

## Participation Agreement

By signing below, I am agreeing to allow Yna's therapy dog teams, volunteers,  
staff and supports to provide programming within my school/district.

Printed Name:

Signature:

Date: