



2017-18 Kindness Club Registration Form

Name of Parent: _____

Name of Child: _____

Mailing Address: _____
(Street/Apartment) (City) (Postal Code)

Home Phone: _____ Cell Phone: _____

Male or Female: _____ Date of Birth: _____ Age of Child: _____

Email: _____

You will be receiving all of your program information via email.

Would you like to be added to our mailing list? Yes No

Emergency & Medical Information

Emergency Contact (*other than parent*): _____

Relationship to Child: _____ Phone Number: _____

The Oakville and Milton Humane Society houses all types of animals. Unfortunately, if your child has allergies to dogs, cats, small animals, or birds they will experience a reaction while in the shelter because of our air handling system. We will not be able to keep your child away from the specific animal that s/he is allergic to.

Does your child have any allergies or other medical conditions?

Does your child have any special needs and/or receive any assistance at school?



445 Cornwall Road, Oakville, ON L6J 7S8
905-845-1551 ext 118

www.omhs.ca

monicah@omhs.ca

Permission Form Waiver

I give the Oakville and Milton Humane Society permission to use photos of my child, taken during the Kindness Club, for use in our publications, on our website, and for the general promotion of the Club.

Yes No

In consideration of being permitted to participate in the OMHS Kindness Club, to be held at the OMHS, at 445 Cornwall Road, I, the undersigned, agree to assume all risk of loss, illness or injury to my child, or damage to my property, while on the premises while my child is participating in the program activities. I hereby release and waive any right of action I might acquire against the OMHS and its employees, servants, agents or volunteers.

By my signature, I acknowledge that I have read this release and have voluntarily accepted it.

Please Print Name *Signature* *Date*

Payment Information

Sessions (choose either Wednesday OR Thursday)

FALL	Wednesday Evenings Thursday Evenings	October 11 th to November 29 th October 12 th to November 30 th	<input type="checkbox"/> <input type="checkbox"/>
WINTER	Wednesday Evenings Thursday Evenings	January 10 th to February 28 th January 11 th to March 1 st	<input type="checkbox"/> <input type="checkbox"/>
SPRING	Wednesday Evenings Thursday Evenings	April 11 th to May 30 th April 12 th to May 31 st	<input type="checkbox"/> <input type="checkbox"/>

Times:	Junior (6-8 year olds)	6:00 – 7:00 pm	<input type="checkbox"/>
	Senior (9-12 year olds)	7:15 – 8:30 pm	<input type="checkbox"/>

Program Cost	<i>Kindness Club</i>	\$140.00 per child	=
<i>Would you like to make a donation to the OMHS to send a less fortunate child to the Kindness Club?</i>		I would like to donate:	=
Total Cost			=

Payment Options

Cash Debit Cheque (*payable to Oakville & Milton Humane Society*)

Credit Card: Visa MC

Name on Card: _____

Credit Card Number: _____ Expiry Date (m/y): _____

OFFICE USE

Date Received: _____ Receipt #: _____