



**2018-19 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

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**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 he/she 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](http://www.omhs.ca)

[monicah@omhs.ca](mailto: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.

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Please Print Name Signature Date

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#### Payment Information

**Sessions (choose either Wednesday OR Thursday)**

FALL	Wednesday Evenings	October 10 <sup>th</sup> to November 28 <sup>th</sup>	<input type="checkbox"/>
	Thursday Evenings	October 11 <sup>th</sup> to November 29 <sup>th</sup>	<input type="checkbox"/>
WINTER	Wednesday Evenings	January 9 <sup>th</sup> to February 27 <sup>th</sup>	<input type="checkbox"/>
	Thursday Evenings	January 10 <sup>th</sup> to February 28 <sup>th</sup>	<input type="checkbox"/>
SPRING	Wednesday Evenings	April 10 <sup>th</sup> to May 29 <sup>th</sup>	<input type="checkbox"/>
	Thursday Evenings	April 11 <sup>th</sup> to May 30 <sup>th</sup>	<input type="checkbox"/>

<b>Times:</b>	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"/>

<b>Program Cost</b>	<i>Kindness Club</i>	\$150.00 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:	=
<b>Total Cost</b>			=

**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 #: \_\_\_\_\_