

**2018-2019 Professional Activity Full- and Half-Day Programs**  
**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 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?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Permission Form Waiver**

I give the Oakville and Milton Humane Society permission to use photos of my child, taken during the PA Half-Day Programs for use in our publications and on our website.

Yes    No

In consideration of being permitted to participate in all the OMHS PA Half-Day Programs to be held at the OMHS, 445 Cornwall Road, and at the park to the east of the shelter, 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 and 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**

Age Group:                    6-8 year olds

|                 |               |                        |                          |
|-----------------|---------------|------------------------|--------------------------|
| Dates & Themes: | September 17* | <b>FURRY FRIENDS</b>   | <input type="checkbox"/> |
|                 | October 5     | <b>CAT CHAT</b>        | <input type="checkbox"/> |
|                 | November 23   | <b>POCKET PETS</b>     | <input type="checkbox"/> |
|                 | February 1    | <b>LEAPIN' LIZARDS</b> | <input type="checkbox"/> |
|                 | February 15   | <b>HARE CARE</b>       | <input type="checkbox"/> |
|                 | April 12      | <b>PURR-FECT PETS</b>  | <input type="checkbox"/> |
|                 | June 7        | <b>DOG DAYS</b>        | <input type="checkbox"/> |

*\* September 17 is a Monday. All other PA Days are on Fridays*

|        |                        |                  |                          |
|--------|------------------------|------------------|--------------------------|
| Times: | <b>Half-Day (\$30)</b> | 9:30am – 12:00pm | <input type="checkbox"/> |
|        | <b>Full-Day (\$60)</b> | 9:30am – 3:30pm  | <input type="checkbox"/> |

**\*\* PLEASE NOTE:** In order for the full-day program to run, we require a minimum of 4 children to be signed up at least 48 hours prior to the start of the PA Day \*\*

|   |                       |   |   |
|---|-----------------------|---|---|
| <b>Program Cost</b>   | <i>PA Day program</i> | \$30 per half day<br><b>OR</b><br>\$60 per full day | = |
| <i>Would you like to make a donation to the OMHS to send a less fortunate child to the PA Day programs?</i> |                       | I would like to donate:                             | = |
|   |                       | <b>Total Cost</b>                                   | = |

**Payment Options**

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

Credit Card: Visa       MC

Name on Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_      Expiry Date (m/y): \_\_\_\_\_

|  |
|--|
| <b>OFFICE USE</b>                          |
| Date Received: _____      Receipt #: _____ |