

## 2019-2020 Professional Activity Full- and Half-Day Programs **Registration Form**

	(Street/Apartment)	(City)	(Postal Code)			
Home Phone:	Cell Ph	ione:				
Gender:	Date of Birth:	Age	Age of Child:			
Email:						
You will	be receiving all of your program	m information via em	ail.			
Would you like	to be added to our mailing list?	□ Ү	'es □ No			
	Emergency & Medica	al Information				
Emergency Contact (ot	her than parent):					
Relationship to Child: _	d: Phone Number:					
has allergies to dogs, c	Humane Society houses all typerats, small animals, or birds the air handling system. We will at s/he is allergic to.	ney will experience a	reaction while in the			
Does your child have a	ny allergies or other medical	conditions?				
	ny special needs and/or rece					
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## **Permission Form Waiver**

I give the Oakville & Milton Humane Society (OMHS) permission to use photos of my child, taken during the P.A. Full- and 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 P.A. Full- and 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, 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							
Age Group:	6-8 year olds						
Dates & Themes:	October 11 November 22 January 31 February 14 April 27* June 5	FURRY FRIENDS CAT CHAT POCKET PETS LEAPIN' LIZARDS HARE CARE PURR-FECT PETS DOG DAYS and April 27 are on Mondays. All other leaves		□ □ □ □ □ □ □ □ □ □ □ □ □ □ A. Days are on Fridays			
Times:	Half-Day (\$40) 9:00 am – 12:00 pm   Full-Day (\$75) 9:00 am – 4:00 pm   ** 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 P.A. Day **						
Program Cost	P.A. Day program	1	er half day <b>OR</b> er full day	=			
Would you like to make a donation to help the animals at OMHS?		l would li	ke to donate:	=			
* tax receipts are only issued for donations of \$20 or more *		re *	Total Cost	=			
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):							
OFFICE USE							

Receipt #:

Date Received: