

2021-2022 Professional Activity Half-Day Programs
Registration Form

Name of Parent: _____

Name of Child: _____

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

Home Phone: _____ Cell Phone: _____

Gender: _____ Preferred Pronoun(s): _____

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 & 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 that we need to be aware of during the program?

Does your child have any special needs and/or receive any assistance at school? Do you feel your child will need extra support during the program?

Permission Form Waiver

I give the Oakville & Milton Humane Society (OMHS) permission to use photos of my child, taken during the P.A. half-day programs for use in our publications and on our website.

Yes No

In consideration of being permitted to participate in all OMHS P.A. half-day programs to be held at 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. I hereby release and waive any right of action I might acquire against OMHS and its employees, agents, or volunteers.

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

<i>Please Print Name</i>	<i>Signature</i>	<i>Date</i>
--------------------------	------------------	-------------

Payment Information

Age Group: 6-8 year olds

Dates & Themes:	Friday October 8	CAT CHAT	<input type="checkbox"/>
	Friday November 26	POCKET PETS	<input type="checkbox"/>
	Friday January 28	LEAPIN' LIZARDS	<input type="checkbox"/>
	Monday April 25	HARE CARE	<input type="checkbox"/>
	Monday June 6	DOG DAYS	<input type="checkbox"/>

Times:	Morning	9:00 am – 12:00 pm	<input type="checkbox"/>
	Afternoon	1:00 pm – 4:00 pm	<input type="checkbox"/>

Program Cost	<i>P.A. Day program</i>	\$40 per half day	=
<i>Would you like to make a donation to help the animals at OMHS?</i>		I would like to donate:	=
<small>* tax receipts are only issued for donations of \$20 or more *</small>			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

Date Received: _____ Receipt #: _____