



2022 Kindness Club 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:		-ftiii		
You will be receiving all of	your program II	itormation via email.		
Would you like to be added to our mail	ling list?	□ Yes	□ No	
Emergency &	Medical Info	mation		
Emergency Contact (other than parent):				
Relationship to Child:	d: Phone Number:			
The Oakville & Milton Humane Society houses a allergies to dogs, cats, small animals, or birds the of our air handling system. We will not be able the/she is allergic to.	ey will experien	ce a reaction while in	the shelter because	
Does your child have any allergies or other med program?	ical conditions t	hat we need to be aw	rare of during the	
Does your child have any special needs and/or r will need extra support during the program?	eceive any assis	tance at school? Do y	ou feel your child	

445 Cornwall Road, Oakville, ON L6J 7S8 905-845-1551 ext 305

















Permission Form Waiver

I give the Oakville	& Milton Huma	ne Society (OMHS) permissi	on to use	photos	of my child,	taken d	uring
the Kindness Club	, for use in our	publications	, on our website,	and for g	general p	promotion o	f the Clເ	ub.

•		i Humane Society (in our publications	•	•	•	•		
			□ Yes	□ No				
OMHS, at 44 child, or dam activities. I h employees, a	5 Cornwall Roanage to my propereby release agents, or volu	ermitted to partici ad, I, the undersigr perty, while on the and waive any righ nteers. edge that I have re	ned, agi e premi it of act	ree to assu ises while r tion I might	me all risk of log my child is partion t acquire agains	ss, illness cipating i t OMHS a	or injury to my n the program and its	
Please Print Na				nature	Ta nave voluntai		Date	_
Sossions (ch	ooso oithar W			nformation	<u>1</u>			
		ednesday <u>OR</u> Thur		aard	. A :I a a th			
WINTER	- Wednesda - Thursday e	y evenings	, .		•			
		during March Break (,				
CDDING	Modnosda	y ovonings	Anr	:1 27 th +0 1	uno 1E th			
SPRING Wednesday evenings Thursday evenings		•	April 27 th to June 15 th April 28 th to June 16 th					
FALL	, 0			October 5 th to November 23 rd			— <u> </u> waitlist	
Thursday eve		venings	October 6 th to Noven		November 24 th		☐ Junior only	
Times:		8 year olds) 12 year olds)		0 – 7:00 pm 0 – 8:30 pm				
Progr	am Cost	Kindness Clu	ıb	\$175.	00 per child	=		
Would you like to make a donation for the animals at OMHS?			he	I would like to donate:		=		
* tax receipts will only be issued for donations of \$20 or more *				Total Cost	=			
Payment Op Cash □	otions – we wi Debit □	Il be in touch rega i Cheque □ (<i>p</i>			oon receipt of your selection of your selection of your selection of your selections of y	_		
Credit card:	Visa □ M	С□						
Name on ca						, , ,		
Credit card i	number:				Expiry date	(m/y):		

OFFICE USE Date Received: ___ Receipt #: _









