

**2023-2024 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

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**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?

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

445 Cornwall Road, Oakville, ON L6J 7S8

905-845-1551 ext 305

[www.omhs.ca](http://www.omhs.ca)

[coe@omhs.ca](mailto:coe@omhs.ca)



### 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.

\_\_\_\_\_  
*Please Print Name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

### Payment Information

Age Group:                      6-8 year olds

Dates & Themes:	Friday October 6	<b>WELCOME TO OMHS</b>	<input type="checkbox"/>
	Friday November 24	<b>DOG DAYS</b>	<input type="checkbox"/> morning waitlist only
	Monday January 22	<b>POCKET PETS</b>	<input type="checkbox"/> afternoon 1 spot left
	Friday February 16	<b>LEAPIN' LIZARDS</b>	<input type="checkbox"/>
	Monday April 22	<b>HARE CARE</b>	<input type="checkbox"/>
	Monday June 3	<b>Cat Chat</b>	<input type="checkbox"/>

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

<b>Program Cost</b>	<i>P.A. Day program</i>	\$45 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>			<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): \_\_\_\_\_

#### **OFFICE USE**

Date Received: \_\_\_\_\_ Receipt #: \_\_\_\_\_

