



## 2023-24 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: \_\_\_\_\_

**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 he/she 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 Kindness Club, for use in our publications, on our website, and for general promotion of the Club.

Yes  No

In consideration of being permitted to participate in the OMHS Kindness Club program, to be held at OMHS, at 445 Cornwall Road, 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**

**Sessions (choose either Wednesday OR Thursday)**

FALL	Wednesday evenings	October 4 <sup>th</sup> to November 22 <sup>nd</sup>	<input type="checkbox"/> Sr. group wait-list only
	Thursday evenings	October 5 <sup>th</sup> to November 23 <sup>rd</sup>	<input type="checkbox"/> Sr. group wait-list only
WINTER	Wednesday evenings	January 10 <sup>th</sup> to February 28 <sup>th</sup>	<input type="checkbox"/>
	Thursday evenings	January 11 <sup>th</sup> to February 29 <sup>th</sup>	<input type="checkbox"/>
SPRING	Wednesday evenings	April 3 <sup>rd</sup> to May 22 <sup>nd</sup>	<input type="checkbox"/>
	Thursday evenings	April 4 <sup>th</sup> to May 23 <sup>rd</sup>	<input type="checkbox"/>
<b>Times:</b>	Junior (6-8 year olds)	6:00 – 7:00 pm	<input type="checkbox"/>
	Senior (9-12 year olds)	7:30 – 8:30 pm	<input type="checkbox"/>

**Refund Policy:** There is a \$25 non-refundable administration fee. Cancellations must be made at least 1 week prior to the start of programming or no refund will be issued.

<b>Program Cost</b>	<i>Kindness Club</i>	\$190.00 per child	=
<i>Would you like to make a donation for the animals at OMHS?</i>		I would like to donate:	=
<i>* tax receipts will only be issued for donations of \$20 or more *</i>			<b>Total Cost</b> =

**Payment:**  
 Cash       Debit       Cheque  (*payable to Oakville & Milton Humane Society*)  
 Credit card: Visa       MC   
 Name on card: \_\_\_\_\_  
 Credit card number: \_\_\_\_\_      Expiry date (m/y): \_\_\_\_\_

