

# HOMESCHOOL DAYS



HUMANE SOCIETY  
OF CHARLES COUNTY



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OF CHARLES COUNTY

**Grades**

**K-8th**



**\$15 PER SESSION\***

**\*(Pre-registered)**

**Animals make learning fun!**

**Every session a new animal topic covering science, art,  
the environment and more.**

<b>Date</b>	<b>Topic</b>
<b>September 21, 2018</b>	<b>Pet Care and Pet Safety</b>
<b>October 12, 2018</b>	<b>Bats</b>
<b>November 9, 2018</b>	<b>Talkin' Turkey</b>
<b>December 14, 2018</b>	<b>Animals in Winter</b>
<b>January 11, 2019</b>	<b>Talking Bones, CSI</b>
<b>February 8, 2019</b>	<b>Bears</b>
<b>March 8, 2019</b>	<b>Rabbits and other Pocket Pets</b>
<b>April 12, 2019</b>	<b>Chicks</b>
<b>May 10, 2019</b>	<b>Careers with Animals</b>
<b>June 14, 2019</b>	<b>Jeepers Creepers</b>
<ul style="list-style-type: none"> <li>• <b>10:00am-3:00pm</b></li> <li>• <b>Includes a craft and snack</b></li> <li>• <b>Participants bring a lunch</b></li> <li>• <b>\$20/session for walk-ins</b></li> <li>• <b>Large-family discount available</b></li> </ul>	<p><b>Humane Society of Charles County</b>  <b>71 Industrial Park Drive</b>  <b>Waldorf, MD 20602</b>  <a href="mailto:chanson@humanesocietycc.org">chanson@humanesocietycc.org</a></p>

Child's Name \_\_\_\_\_ Age \_\_\_\_\_  
 Parent/Guardian Name \_\_\_\_\_ Email \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

<b>Home School 2018/2019</b>
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Person to call if parents(s) cannot be reached (please print clearly):  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Health History**

*Please check any that apply and describe symptoms of allergy and details of illness or health restrictions on additional sheet.*

Hay Fever     Ear Infection     Heart Disease     Insect Stings     Convulsions     Asthma     Diabetes  
 Ivy/Oak     Fainting     ADHD     Diabetes     Autism     Food (specify \_\_\_\_\_)  
 Animals (specify \_\_\_\_\_)     Fears/Phobias (specify \_\_\_\_\_)  
 Drug (specify \_\_\_\_\_)     Other (specify \_\_\_\_\_)  
 \_\_\_\_\_ Date of last Tetanus    \_\_\_\_\_ Date of operations of serious injury

Medications being taken \_\_\_\_\_  
 Health Insurance Company \_\_\_\_\_ Policy number \_\_\_\_\_  
 Family physician \_\_\_\_\_ Phone number \_\_\_\_\_

**Emergency Authorization:** I hereby give permission to The Humane Society of Charles County and/or any contact person listed above authorization for treatment for my child in the event I cannot be reached in an emergency.

Signature (Parent/Guardian) \_\_\_\_\_ Date \_\_\_\_\_

**RELEASE**

FOR CONSIDERATION which is hereby given and received and acknowledged as sufficient between the parties, I hereby certify that I am the parent or legal guardian of \_\_\_\_\_ ("Participant") and I give my permission for him/her to participate in the Humane Society of Charles County, Inc. \_\_\_\_\_ program wherever said program occurs, including transportation from one location to another.

Regarding participation in said program, I do hereby release and discharge, for myself and the Participant, and for our heirs, representatives, executors, administrators, successors and assigns and do hereby remise and release and forever discharge the Humane Society of Charles County, Inc. ("Releasee"), its officers, directors, agents, employees, independent contractors, parent and subsidiary corporations, and all other entities in any way related to Releasee, and all other persons however associated with Releasee, in any capacity, their heirs, executors, administrators, insurers, successors and assigns, and any and all other persons, firms, corporations, associations, of and from any and all causes of action, suits, rights, judgments, claims and demands of whatever kind, including, but not limited to any claims in law or in equity, known or unknown, which I and the Participant now have or may hereafter have, now or in the future, including any legal liability of Releasee arising from or by reason of any damage, compensatory or punitive, known or unknown, foreseen or unforeseen, which heretofore have been or which hereinafter may be sustained by me or the Participant, arising or any way relating to any and all claims and actions.

Date \_\_\_\_\_ Signature \_\_\_\_\_ Print Name \_\_\_\_\_

**PHOTO RELEASE**

I am the parent or legal guardian of \_\_\_\_\_ and hereby give the Humane Society of Charles County, Inc., my permission to take photos of him/her. I acknowledge that these photos are the property of the Humane Society of Charles County, Inc., and may be used by them for any purpose consistent with their mission statement, including but not limited to advertising and marketing.

Date \_\_\_\_\_ Signature \_\_\_\_\_ Print Name \_\_\_\_\_

**SESSIONS REGISTERED**

SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN

Payment: Annual: (\$150) _____ Monthly: (\$15/session) _____ 	Check payable to : HSCC / Cash Credit Card # _____ Billing Address _____ Zip _____ Exp. Date _____  Authorized Signature: _____
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