

HOMESCHOOL DAYS

BACK FOR THE 2021-2022 SCHOOL YEAR!!



HUMANE SOCIETY
OF CHARLES COUNTY



HUMANE SOCIETY
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.**

Date	Topic
October 8, 2021	Talking Bones
November 12, 2021	Talkin' Turkey
December 10, 2021	Winter Birds
January 14, 2022	Careers with Animals
February 11, 2022	DOGgone it!
March 11, 2022	Feline Frenzy
April 8, 2022	EGGcitement
May 13, 2022	Jeepers Creepers
June 10, 2022	Getting Your Goat
<ul style="list-style-type: none">• 10:00am-3:00pm• Includes a craft and snack• Participants bring a lunch• \$20/session for walk-ins• Large-family discount available	<p>Humane Society of Charles County 71 Industrial Park Drive Waldorf, MD 20602 chanson@humanesocietycc.org</p>

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

Home School 2021/2022

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: (\$125) _____ Monthly: (\$15/session) _____ 	Check payable to : HSCC / Cash Credit Card # _____ Billing Address _____ Zip _____ Exp. Date _____ Authorized Signature: _____
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