



2012 SPRING CAMP
FOR CHILDREN WITH SPECIAL NEEDS
Unique and Interactive Experiences

CAMP REGISTRATION REQUEST: Please PRINT

Camper's Name: _____ Male Female
First Name Last Name

Mailing Address: _____

City: _____ Postal Code: _____ Birthdate: ____/____/____
DD MM YYYY

School Name: _____ Grade: _____

Parent/Guardian Name: _____ Relationship: _____

Telephone #: Home: (____) _____ Work or Cell: (____) _____

Parent/Guardian Email Address: _____

Emergency Contact Name: _____ Relationship: _____

Telephone #: Home: (____) _____ Work or Cell: (____) _____

Camper's Medical Condition/Diagnosis: _____

Health Card #: _____ Mobility: Independent Walking Assisted Wheelchair

If funding is available for your child's term at Nova's Ark, please indicate Agency and attach confirmation letter:

Agency Name: _____ # of Days Funded: _____

Contact Person: _____ Telephone Extension #: _____

How did you hear about Nova's Ark? Agency Friend School Website

CAMP SESSION SELECTION (Please check beside your choice(s):

Days: 2012 March Break

Time: 9:30 a.m. to 3:30 p.m.

Donation: \$120/day

Friday., March 9

Monday, March 12

Tuesday, March 13

Wednesday, March 14

Thursday, March 15

Friday, March 16

(Note: Donations for ALL Camp Sessions are requested by February 24, 2012.)

Office Use Only:

Paid by: Cash Cheque Pay Pal

Parent/Guardian Donation: \$ _____ Date Received: _____

Agency Donation: \$ _____ Date Received: _____