



2012 SUMMER CAMPS
 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 Weeks 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)

<i>Days: Monday to Friday</i>		<i>Time: 9:30 a.m. to 3:30 p.m.</i>		<i>Donation: \$600.00/week</i>	
<input type="checkbox"/> Week 1: Jul 2-6	<input type="checkbox"/> Week 2: Jul 9-13	<input type="checkbox"/> Week 3: Jul 16-20	<input type="checkbox"/> Week 4: Jul 23-27		
<input type="checkbox"/> Week 5: Jul 30-Aug 3	<input type="checkbox"/> Week 6: Aug 13-17	<input type="checkbox"/> Week 7: Aug 20-24	<input type="checkbox"/> Week 8: Aug 27-31		

(Note: Donations for ALL Camp Sessions are requested by June 15, 2012.)

Office Use Only: Paid by: Cash Cheque Pay Pal
 Parent/Guardian Donation: \$ _____ Date Received: _____
 Agency Donation: \$ _____ Date Received: _____