



OUT OF THE BOX
WEEKDAY SESSIONS
FOR INDIVIDUALS WITH VARIED ABILITIES

REGISTRATION FORM: Please PRINT

Name: _____ Male Female
First Name Last Name

Mailing Address: _____

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

Health Card #: _____

Medical Condition/Diagnosis: _____

Describe alternative method of communication skills if required (eg. signs, gestures, storyboard, etc.)

Please indicate: a) Mobility: Independent Assisted Wheelchair
b) Toileting Needs: Independent Assisted Full Support

Parent/Guardian Name: _____ Relationship: _____

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

Parent/Guardian Email Address: _____

Emergency Contact Name: _____ Relationship: _____

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

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

Weekday Session Information:

Each Session is one-day per week from 9:00 a.m. to 3:00 p.m. during the scheduled weeks. Please see Page 2 for cost, Session dates and selection. Include the name and birthdate of participant on Page 2 and clearly mark which Sessions are selected. **Payment is requested no later than one week before each selected Session begins.**



OUT OF THE BOX

(Weekday Sessions)

Name: _____ Birthdate: ____/____/____
First Name Last Name DD MM YYYY

(April to June, 2017)

MONDAYS (M)	TUESDAYS (T)	WEDNESDAYS (W)	THURSDAYS (TH)	FRIDAYS (F)
<input type="checkbox"/> Session 5-M <i>Dates: Apr 10, 17, 24 & May 1, 8, 15.</i> <i>(6-Week Session)</i> Cost: \$540.00	<input type="checkbox"/> Session 5-T <i>Dates: Apr 11, 18, 25 & May 2, 9, 16.</i> <i>(6-Week Session)</i> Cost: \$540.00	<input type="checkbox"/> Session 5-W <i>Dates: Apr 12, 19, 26 & May 3, 10, 17.</i> <i>(6-Week Session)</i> Cost: \$540.00	<input type="checkbox"/> Session 5-TH <i>Dates: Apr 13, 20 27 & May 4, 11, 18.</i> <i>(6-Week Session)</i> Cost: \$540.00	<input type="checkbox"/> Session 5-F <i>Dates: Apr 21, 28 & May 5, 12, 19.</i> <i>(No Session on Apr 14)</i> <i>(5-Week Session)</i> Cost: \$450.00
<input type="checkbox"/> Session 6-M <i>Dates: May 29 & Jun 5, 12, 19, 26.</i> <i>(No Session on May 22)</i> <i>(5-Week Session)</i> Cost: \$450.00	<input type="checkbox"/> Session 6-T <i>Dates: May 23, 30 & Jun 6, 13, 20, 27.</i> <i>(6-Week Session)</i> Cost: \$540.00	<input type="checkbox"/> Session 6-W <i>Dates: May 24, 31 & Jun 7, 14, 21 & 28.</i> <i>(6-Week Session)</i> Cost: \$540.00	<input type="checkbox"/> Session 6-TH <i>Dates: May 25 & Jun 1, 8, 15, 22, 29.</i> <i>(6-Week Session)</i> Cost: \$540.00	<input type="checkbox"/> Session 6-F <i>Dates: May 26 & Jun 2, 9, 16, 23, 30.</i> <i>(6-Week Session)</i> Cost: \$540.00

Time: 9:00 a.m. to 3:00 p.m.

Please clearly mark each Session to be attended

Office Use Only:

Session: _____	Inv#: _____	Date Sent: _____	<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque
	\$ _____	Date Rec'd: _____	Receipt#: _____	
Session: _____	Inv#: _____	Date Sent: _____	<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque
	\$ _____	Date Rec'd: _____	Receipt#: _____	
Session: _____	Inv#: _____	Date Sent: _____	<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque
	\$ _____	Date Rec'd: _____	Receipt#: _____	
Session: _____	Inv#: _____	Date Sent: _____	<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque
	\$ _____	Date Rec'd: _____	Receipt#: _____	