



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.**

↳ If funding is available for your child's term at Nova's Ark, please show Agency information and attach a copy of the confirmation letter if available:

Agency Name: _____ Tel & Ext#: _____

Contact Person: _____ Email: _____



OUT OF THE BOX

(Weekday Sessions)

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

(September to December, 2017)

MONDAYS (M)	TUESDAYS (T)	WEDNESDAYS (W)	THURSDAYS (TH)	FRIDAYS (F)
<input type="checkbox"/> Session 1-M <i>Dates: Sep 11, 18, 25 & Oct 2, 16, 23.</i> <small>(Note: No Session on Mon, Oct 9 - Thanksgiving)</small> (6 Sessions) Cost: \$600.00	<input type="checkbox"/> Session 1-T <i>Dates: Sep 12, 19, 26 & Oct 3, 10, 17, 24.</i> (7 Sessions) Cost: \$700.00	<input type="checkbox"/> Session 1-W <i>Dates: Sep 13, 20, 27 & Oct 4, 11, 18, 25.</i> (7 Sessions) Cost: \$700.00	<input type="checkbox"/> Session 1-TH <i>Dates: Sep 14, 21, 28 & Oct 5, 12, 19, 26.</i> (7 Sessions) Cost: \$700.00	<input type="checkbox"/> Session 1-F <i>Dates: Sep 15, 22, 29 & Oct 6, 13, 20, 27.</i> (7 Sessions) Cost: \$700.00
<input type="checkbox"/> Session 2-M <i>Dates: Oct 30 & Nov 6, 13, 20, 27 & Dec 4.</i> (6 Sessions) Cost: \$600.00	<input type="checkbox"/> Session 2-T <i>Dates: Oct 31 & Nov 7, 14, 21, 28 & Dec 5.</i> (6 Sessions) Cost: \$600.00	<input type="checkbox"/> Session 2-W <i>Dates: Nov 1, 8, 15, 22, 29 & Dec 6.</i> (6 Sessions) Cost: \$600.00	<input type="checkbox"/> Session 2-TH <i>Dates: Nov 2, 9, 16, 23, 30 & Dec 7.</i> (6 Sessions) Cost: \$600.00	<input type="checkbox"/> Session 2-F <i>Dates: Nov 3, 10, 17, 24 & Dec 1, 8.</i> (6 Sessions) Cost: \$600.00

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