



**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: \_\_\_\_\_ Telephone#: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_



# OUT OF THE BOX

## (Weekday Sessions)

Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
First Name Last Name DD MM YYYY

### (January to Early-April, 2018)

MONDAYS (M)	TUESDAYS (T)	WEDNESDAYS (W)	THURSDAYS (TH)	FRIDAYS (F)
<input type="checkbox"/> <b>Session 3-M</b> <i>Dates: Jan 8, 15, 22, 29 &amp; Feb 5, 12.</i> (6 Sessions) <b>Cost: \$600.00</b>	<input type="checkbox"/> <b>Session 3-T</b> <i>Dates: Jan 9, 16, 23, 30 &amp; Feb 6, 13.</i> (6 Sessions) <b>Cost: \$600.00</b>	<input type="checkbox"/> <b>Session 3-W</b> <i>Dates: Jan 10, 17, 24, 31 &amp; Feb 7, 14.</i> 6 Sessions <b>Cost: \$600.00</b>	<input type="checkbox"/> <b>Session 3-TH</b> <i>Dates: Jan 11, 18, 25 &amp; Feb 1, 8, 15.</i> (6 Sessions) <b>Cost: \$600.00</b>	<input type="checkbox"/> <b>Session 3-F</b> <i>Dates: Jan 12, 19, 26 &amp; Feb 2, 9, 16.</i> (6 Sessions) <b>Cost: \$600.00</b>
<input type="checkbox"/> <b>Session 4-M</b> <i>Dates: Feb 26 &amp; Mar 5, 19, 26 &amp; Apr 2.</i> (No Sess Feb 19 or Mar 12) (5 Sessions) <b>Cost: \$500.00</b>	<input type="checkbox"/> <b>Session 4-T</b> <i>Dates: Feb 20, 27 &amp; Mar 6, 20, 27 &amp; Apr 3.</i> (No Session Mar 13) (6 Sessions) <b>Cost: \$600.00</b>	<input type="checkbox"/> <b>Session 4-W</b> <i>Dates: Feb 21, 28 &amp; Mar 7, 21, 28 &amp; Apr 4.</i> (No Session Mar 14) (6 Sessions) <b>Cost: \$600.00</b>	<input type="checkbox"/> <b>Session 4-TH</b> <i>Dates: Feb 22 &amp; Mar 1, 8, 22, 29 &amp; Apr 5.</i> (No Session Mar 15) (6 Sessions) <b>Cost: \$600.00</b>	<input type="checkbox"/> <b>Session 4-F</b> <i>Dates: Feb 23 &amp; Mar 2, 9, 23 &amp; Apr 6.</i> (No Session Mar 16 or 30) (5 Sessions) <b>Cost: \$500.00</b>

**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#: _____