



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 #: _____

School Name: _____ Grade: _____

Medical Condition/Diagnosis: _____

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

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

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

(Block 4 & 5, 2019)

MONDAYS (M)	TUESDAYS (T)	WEDNESDAYS (W)	THURSDAYS (TH)	FRIDAYS (F)
<input type="checkbox"/> Session 4-M <i>Dates: Jan 7, 14, 21 & 28.</i> <i>(4-Week Session)</i> Cost: \$520.00	<input type="checkbox"/> Session 4-T <i>Dates: Jan 8, 15, 22 & 29.</i> <i>(4-Week Session)</i> Cost: \$520.00	<input type="checkbox"/> Session 4-W <i>Dates: Jan 16, 23, & 30.</i> <i>(No Session on Jan 9th)</i> <i>(3-Week Session)</i> Cost: \$390.00	<input type="checkbox"/> Session 4-TH <i>Dates: Jan 10, 17, 24 & 31.</i> <i>(4-Week Session)</i> Cost: \$520.00	<input type="checkbox"/> Session 4-F <i>Dates: Jan 11, 18, 25 & Feb 1.</i> <i>(4-Week Session)</i> Cost: \$520.00
<input type="checkbox"/> Session 4-W <i>Dates: Feb 4, 11, 25 & Mar 4.</i> <i>(No Session on Feb 18th)</i> <i>(4-Week Session)</i> Cost: \$520.00	<input type="checkbox"/> Session 5-T <i>Dates: Feb 5, 12, 19, 26 & Mar 5.</i> <i>(5-Week Session)</i> Cost: \$650.00	<input type="checkbox"/> Session 5-W <i>Dates: Feb 6, 13, 20, 27 & Mar 6.</i> <i>(5-Week Session)</i> Cost: \$650.00	<input type="checkbox"/> Session 5-TH <i>Dates: Feb 7, 14, 21, 28 & Mar 7.</i> <i>(5-Week Session)</i> Cost: \$650.00	<input type="checkbox"/> Session 5-F <i>Dates: Feb 8, 15, 22, 29 & Mar 8.</i> <i>(5-Week Session)</i> Cost: \$650.00

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#: _____