



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: _____

