



**ADVENTURE SUNDAY**  
 FOR INDIVIDUALS WITH VARIED ABILITIES  
 Unique and Interactive Experiences

**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         Non-mobile

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

**DAY CAMP SESSION SELECTION (Please check beside your choice(s):**

**Month: Jan/Feb 2019                      Time: 9:00 a.m. to 3:00 p.m.                      Cost: \$120/day**

- |   |   |
|---|---|
| <input type="checkbox"/> <b>January 6</b> PD Date: _____ R- _____<br><input type="checkbox"/> <b>January 13</b> PD Date: _____ R- _____<br><input type="checkbox"/> <b>January 20</b> PD Date: _____ R- _____<br><input type="checkbox"/> <b>January 27</b> PD Date: _____ R- _____ | <input type="checkbox"/> <b>February 3</b> PD Date: _____ R- _____<br><input type="checkbox"/> <b>February 10</b> PD Date: _____ R- _____<br><input type="checkbox"/> <b>February 17</b> PD Date: _____ R- _____<br><input type="checkbox"/> <b>February 24</b> PD Date: _____ R- _____ |
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