



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 6, 7 & 8, 2019)

Time: 9:00 a.m. to 3:00 p.m.

MONDAYS (M)	TUESDAYS (T)	WEDNESDAYS (W)	THURSDAYS (TH)	FRIDAYS (F)
<input type="checkbox"/> Session 6-M <i>Dates: Mar 18, 25, Apr 1, 8, & 15.</i> <i>(5-Week Session)</i> Cost: \$650.00	<input type="checkbox"/> Session 6-T <i>Dates: Mar 19, 26, Apr 2, 9 & 16.</i> <i>(5-Week Session)</i> Cost: \$650.00	<input type="checkbox"/> Session 6-W <i>Dates: Mar 20, 27, Apr 3, 10 & 17.</i> <i>(5-Week Session)</i> Cost: \$650.00	<input type="checkbox"/> Session 6-TH <i>Dates: Mar 21, 28, Apr 4, 11 & 18.</i> <i>(5-Week Session)</i> Cost: \$650.00	<input type="checkbox"/> Session 6-F <i>Dates: Mar 22, 29, Apr 5 & 12.</i> <i>(no session Apr 19th)</i> <i>(4-Week Session)</i> Cost: \$520.00
<input type="checkbox"/> Session 7-M <i>Dates: Apr 22, 29, May 6, 13 & 20.</i> <i>(5-Week Session)</i> Cost: \$650.00	<input type="checkbox"/> Session 7-T <i>Dates: Apr 23, 30, May 7, 14 & 21.</i> <i>(5-Week Session)</i> Cost: \$650.00	<input type="checkbox"/> Session 7-W <i>Dates: Apr 24, May 1, 8, 15 & 22.</i> <i>(5-Week Session)</i> Cost: \$650.00	<input type="checkbox"/> Session 7-TH <i>Dates: Apr 25, May 2, 9, 16 & 23.</i> <i>(5-Week Session)</i> Cost: \$650.00	<input type="checkbox"/> Session 7-F <i>Dates: Apr 26, May 3, 10, 17 & 24.</i> <i>(5-Week Session)</i> Cost: \$650.00
<input type="checkbox"/> Session 8-M <i>Dates: May 27, Jun 3, 10, 17 & 24.</i> <i>(5-Week Session)</i> Cost: \$650.00	<input type="checkbox"/> Session 8-T <i>Dates: May 28, Jun 4, 11, 18 & 25.</i> <i>(5-Week Session)</i> Cost: \$650.00	<input type="checkbox"/> Session 8-W <i>Dates: May 29, Jun 5, 12, 19 & 26.</i> <i>(5-Week Session)</i> Cost: \$650.00	<input type="checkbox"/> Session 8-TH <i>Dates: May 30, Jun 6, 13, 20 & 27.</i> <i>(5-Week Session)</i> Cost: \$650.00	<input type="checkbox"/> Session 8-F <i>Dates: May 31, Jun 7, 14, 21 & 28.</i> <i>(5-Week Session)</i> Cost: \$650.00

Office Use Only:

Session: _____	Inv#: _____	Date Sent: _____	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> E-Transfer
	\$ _____	Date Rec'd: _____	Receipt#: _____
Session: _____	Inv#: _____	Date Sent: _____	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> E-Transfer
	\$ _____	Date Rec'd: _____	Receipt#: _____
Session: _____	Inv#: _____	Date Sent: _____	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> E-Transfer
	\$ _____	Date Rec'd: _____	Receipt#: _____
Session: _____	Inv#: _____	Date Sent: _____	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> E-Transfer
	\$ _____	Date Rec'd: _____	Receipt#: _____