



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: March/April 2019 Time: 9:00 a.m. to 3:00 p.m. Cost: \$120/day

- | | |
|--|--|
| <input type="checkbox"/> March 3 PD Date: _____ R- _____
<input type="checkbox"/> March 10 NO ADVENTURE SUNDAY
<input type="checkbox"/> March 17 PD Date: _____ R- _____
<input type="checkbox"/> March 24 PD Date: _____ R- _____
<input type="checkbox"/> March 31 PD Date: _____ R- _____ | <input type="checkbox"/> April 7 PD Date: _____ R- _____
<input type="checkbox"/> April 14 NO ADVENTURE SUNDAY
<input type="checkbox"/> April 21 PD Date: _____ R- _____
<input type="checkbox"/> April 28 PD Date: _____ R- _____ |
|--|--|