



**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: May/June 2019      Time: 9:00 a.m. to 3:00 p.m.      Cost: \$120/day**

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|--|---|
| <p><b>May 5</b>      <i>NO ADVENTURE SUNDAY</i></p> <p><input type="checkbox"/> <b>May 12</b>      PD Date: _____ R- _____</p> <p><b>May 19</b>      <i>NO ADVENTURE SUNDAY</i></p> <p><b>May 26</b>      <i>OPEN HOUSE COME JOIN WITH FAMILY!</i></p> | <p><input type="checkbox"/> <b>June 2</b>      PD Date: _____ R- _____</p> <p><input type="checkbox"/> <b>June 9</b>      PD Date: _____ R- _____</p> <p><input type="checkbox"/> <b>June 16</b>      PD Date: _____ R- _____</p> <p><input type="checkbox"/> <b>June 23</b>      PD Date: _____ R- _____</p> <p><input type="checkbox"/> <b>June 23</b>      PD Date: _____ R- _____</p> |
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