



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

- | | |
|---|--|
| <p>May 5 <i>NO ADVENTURE SUNDAY</i></p> <p><input type="checkbox"/> May 12 <i>PD Date: _____ R- _____</i></p> <p>May 19 <i>NO ADVENTURE SUNDAY</i></p> <p>May 26 <i>OPEN HOUSE COME JOIN WITH FAMILY!</i></p> | <p><input type="checkbox"/> June 2 <i>PD Date: _____ R- _____</i></p> <p><input type="checkbox"/> June 9 <i>PD Date: _____ R- _____</i></p> <p><input type="checkbox"/> June 16 <i>PD Date: _____ R- _____</i></p> <p><input type="checkbox"/> June 23 <i>PD Date: _____ R- _____</i></p> <p><input type="checkbox"/> June 30 <i>PD Date: _____ R- _____</i></p> |
|---|--|