



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: Sept/Oct 2019		Time: 9:00 a.m. to 3:00 p.m.	Cost: \$120/day
<input type="checkbox"/> Sept 1	PD Date: _____ R-_____	<input type="checkbox"/> Oct 6	PD Date: _____ R-_____
<input type="checkbox"/> Sept 8	PD Date: _____ R-_____	<input type="checkbox"/> Oct 13	PD Date: _____ R-_____
<input type="checkbox"/> Sept 15	PD Date: _____ R-_____	<input type="checkbox"/> Oct 20	PD Date: _____ R-_____
<input type="checkbox"/> Sept 22	PD Date: _____ R-_____	<input type="checkbox"/> Oct 27	PD Date: _____ R-_____
<input type="checkbox"/> Sept 29	PD Date: _____ R-_____		

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: _____