



**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 (e.g. 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: Jan/Feb 2020		Time: 9:00 a.m. to 3:00 p.m.		Cost: \$130/day	
<input type="checkbox"/> Jan 5	PD Date: _____ R- _____	<input type="checkbox"/> Feb 2	PD Date: _____ R- _____		
<input type="checkbox"/> Jan 12	PD Date: _____ R- _____	<input type="checkbox"/> Feb 9	PD Date: _____ R- _____		
<input type="checkbox"/> Jan 19	PD Date: _____ R- _____	<input type="checkbox"/> Feb 16	PD Date: _____ R- _____		
<input type="checkbox"/> Jan 26	PD Date: _____ R- _____	<input type="checkbox"/> Feb 23	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: \_\_\_\_\_