



**2020 SPRING CAMPS**  
 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 #: \_\_\_\_\_

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

\_\_\_\_\_

**CAMP SESSION SELECTION: Please check beside your choice(s)**

<b>Days: 2020 March Break</b>	<b>Time: 9:00 a.m. to 3:00 p.m.</b>	<b>Cost: \$150.00/day</b>
<input type="checkbox"/> Monday, March 16	<input type="checkbox"/> Tuesday, March 17	<input type="checkbox"/> Wednesday, March 18
<input type="checkbox"/> Thursday, March 19	<input type="checkbox"/> Friday, March 20	
<i>(Note: Payment for ALL Camp Sessions are requested by February 15, 2020.)</i>		

**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: \_\_\_\_\_

<b>Office Use Only:</b>	<b>PAID BY:</b> <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> eTransfer
<b>P/G:</b> Inv# _____ \$ _____ Date: Sent _____	Rec'd _____ Rec't#: _____
<b>AG:</b> Inv# _____ \$ _____ Date: Sent _____	Rec'd _____ Rec't#: _____