



2020 SUMMER CAMPS
FOR INDIVIDUALS WITH VARIED NEEDS
Unique and Interactive Experiences

CAMP REGISTRATION: 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 (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: (____) _____

CAMP SESSION SELECTION:

(Note: Payments for ALL Camp Sessions are requested by May 15, 2020)

Days: Monday to Friday		Time: 9:00 a.m. to 3:00 p.m.		Cost: \$750.00/week	
<input type="checkbox"/> Week 1: Jun 29 – Jul 3 <small>(Note: 4 days only – Cost: \$600.00)</small>	<input type="checkbox"/> Week 2: Jul 6-10	<input type="checkbox"/> Week 3: Jul 13-17	<input type="checkbox"/> Week 4: Jul 20-24		
<input type="checkbox"/> Week 5: Jul 27-31	<input type="checkbox"/> Week 6: Aug 4-7 <small>(Note: 4 days only – Cost: \$600.00)</small>	<input type="checkbox"/> Week 7: Aug 10-14	<input type="checkbox"/> Week 8: Aug 17-21		
	<input type="checkbox"/> Week 9: Aug 24-28	<input type="checkbox"/> Week 10: Aug 31 – Sept 4			

↳ **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: _____ # of Weeks Funded: _____

Contact Person: _____ Telephone / Ext #: _____

Office Use Only:

PAID BY: Cash Cheque eTransfer

P/G: Inv # _____ \$ _____ Date: Sent _____ Rec'd _____ Rec't#: _____

AG: Inv # _____ \$ _____ Date: Sent _____ Rec'd _____ Rec't#: _____