Nova's Ark
Where Special is Welcome

2021 SUMMER PROGRAM
FOR INDIVIDUALS WITH VARIED ABILITIES
Unique and Interactive Experiences

PROGRAM 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: (_____)_____

PROGRAM SESSION SELECTION: **(Note: Payments for ALL Summer Programs are requested by June 1, 2021)**

Days: Monday to Friday Time: 9:00 a.m. to 3:00 p.m. Cost: $750.00/week

❑ **Week 1: Jun 28 – Jul 2** ***(Note: 4 days only – Cost: $600.00)***
❑ **Week 2: Jul 5 – 9**
❑ **Week 3: Jul 12 – 16**
❑ **Week 4: Jul 19 – 23**
❑ **Week 5: Jul 26 – 30**
❑ **Week 6: Aug 3 – 6** ***(Note: 4 days only – Cost: $600.00)***
❑ **Week 7: Aug 9 – 13**
❑ **Week 8: Aug 16 – 20**
❑ **Week 9: Aug 23 – 27**
❑ **Week 10: Aug 30 – Sept 3**

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#: _____

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