



OUT OF THE BOX
WEEKDAY SESSIONS
FOR INDIVIDUALS WITH VARIED ABILITIES

REGISTRATION FORM: Please PRINT

Name: _____ M F Other
First Name Last Name Choose not to specify

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 Wheelchair

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

Weekday Session Information:

Thank you for believing in our unique program. Please begin by completing the registration package (Page 1 & 2), which provides you monthly and daily options. Our program runs from 9:00am to 3:00pm each day. Once officially registered, there will be open communication with the Family Connections Team. Please include the name and birthdate of participant on Page 2 and clearly mark which sessions you are selecting. Payment is greatly appreciated before the first of each month.



OUT OF THE BOX

September to December 2021

Name: _____ Birthdate: _____ / _____ / _____
First Name Last Name DD MM YYYY

Please check the box of the month and day(s) you will be registering.

MONDAYS	TUESDAYS	WEDNESDAYS	THURSDAYS	FRIDAYS
<input type="checkbox"/> September <i>(3 days = \$450)</i> <input type="checkbox"/> October <i>(3 days = \$450)</i> <input type="checkbox"/> November <i>(5 days = \$750)</i> <input type="checkbox"/> December <i>(2 days = \$300)</i> <i>Holidays: Oct 11th</i> <i>Holidays: Dec 20th</i> <i>Holidays: Dec 27th</i>	<input type="checkbox"/> September <i>(3 days = \$450)</i> <input type="checkbox"/> October <i>(4 days = \$600)</i> <input type="checkbox"/> November <i>(5 days = \$750)</i> <input type="checkbox"/> December <i>(2 days = \$300)</i> <i>Holidays: Dec 21st</i> <i>Holidays: Dec 28th</i>	<input type="checkbox"/> September <i>(3 days = \$450)</i> <input type="checkbox"/> October <i>(4 days = \$600)</i> <input type="checkbox"/> November <i>(4 days = \$600)</i> <input type="checkbox"/> December <i>(3 days = \$450)</i> <i>Holidays: Dec 22nd</i> <i>Holidays: Dec 29th</i>	<input type="checkbox"/> September <i>(3 days = \$450)</i> <input type="checkbox"/> October <i>(4 days = \$600)</i> <input type="checkbox"/> November <i>(4 days = \$600)</i> <input type="checkbox"/> December <i>(3 days = \$450)</i> <i>Holidays: Dec 23rd</i> <i>Holidays: Dec 30th</i>	<input type="checkbox"/> September <i>(2 days = \$300)</i> <input type="checkbox"/> October <i>(5 days = \$750)</i> <input type="checkbox"/> November <i>(4 days = \$600)</i> <input type="checkbox"/> December <i>(3 days = \$450)</i> <i>Holidays: Dec 24th</i> <i>Holidays: Dec 31st</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: _____

Office Use Only: September - December

September :	Inv#: _____	Date Sent: _____	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> E-Transfer	
	\$ _____	Date Rec'd: _____	Receipt#: _____	
October :	Inv#: _____	Date Sent: _____	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> E-Transfer	
	\$ _____	Date Rec'd: _____	Receipt#: _____	
November :	Inv#: _____	Date Sent: _____	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> E-Transfer	
	\$ _____	Date Rec'd: _____	Receipt#: _____	
December :	Inv#: _____	Date Sent: _____	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> E-Transfer	
	\$ _____	Date Rec'd: _____	Receipt#: _____	