Nova's Ark
Where Special is Welcome

2022 SUMMER PROGRAM
FOR INDIVIDUALS WITH VARIED ABILITIES
Unique and Interactive Experiences

PROGRAM REGISTRATION: Please PRINT

Name:_____ ❑ Male ❑ Female ❑ Other
First Name Last Name ❑ Choose not to specify

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 Summer Programming are requested by May 15, 2022)**

Days: Monday to Friday Time: 9:00 a.m. to 3:00 p.m. Cost: $900.00/week

❑ **Week 1: Jun 27 – Jun 30** ***(Note: 4 days only – Cost: $720.00)*** ❑ **Week 2: Jul 4 – 8** ❑ **Week 3: Jul 11 – 15** ❑ **Week 4: Jul 18 – 22**

❑ **Week 5: Jul 25 – 29** ❑ **Week 6: Aug 2 – 5** ***(Note: 4 days only – Cost: $720.00)*** ❑ **Week 7: Aug 8 – 12** ❑ **Week 8: Aug 15 – 19**

❑ **Week 9: Aug 22 –26** ❑ **Week 10: Aug 29 – Sept 2**

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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