



OUT OF THE BOX
WEEKDAY SESSIONS
FOR INDIVIDUALS WITH VARIED ABILITIES

REGISTRATION FORM: Please PRINT

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

Mailing Address: _____

City: _____ Postal Code: _____ Birthdate: ____/____/____
DD MM YYYY

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

January to April 2023

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"/> January (4 days = \$700) <i>Holidays: January 2</i>	<input type="checkbox"/> January (4 days = \$700) <i>Holidays: January 3</i>	<input type="checkbox"/> January (3 days = \$525) <i>Holidays: January 4</i>	<input type="checkbox"/> January (3 days = \$525) <i>Holidays: January 5</i>	<input type="checkbox"/> January (3 days = \$525) <i>Holidays: January 6</i>
<input type="checkbox"/> February (3 days = \$525) <i>Holidays: February 20</i>	<input type="checkbox"/> February (4 days = \$700)	<input type="checkbox"/> February (4 days = \$700)	<input type="checkbox"/> February (4 days = \$700)	<input type="checkbox"/> February (4 days = \$700)
<input type="checkbox"/> March (4 days = \$700)	<input type="checkbox"/> March (4 days = \$700)	<input type="checkbox"/> March (5 days = \$875)	<input type="checkbox"/> March (5 days = \$875)	<input type="checkbox"/> March (5 days = \$875)
<input type="checkbox"/> April (3 days = \$525) <i>Holidays: April 10</i>	<input type="checkbox"/> April (4 days = \$700)	<input type="checkbox"/> April (4 days = \$700)	<input type="checkbox"/> April (4 days = \$700)	<input type="checkbox"/> April (3 days = \$525) <i>Holidays: April 7</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: January to April 2023

January : Inv#: _____ Date Sent: _____ Cash Cheque E-Transfer

February : Inv#: _____ Date Sent: _____ Cash Cheque E-Transfer

March : Inv#: _____ Date Sent: _____ Cash Cheque E-Transfer

April : Inv#: _____ Date Sent: _____ Cash Cheque E-Transfer