



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

School Name (if applicable) _____ Grade (if applicable) _____

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 2024 – Cost - \$200/Day

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 = \$800) January 8, 15, 22, 29	<input type="checkbox"/> January (4 days = \$800) January 9, 16, 23, 30	<input type="checkbox"/> January (4 days = \$800) January 10, 17, 24, 31	<input type="checkbox"/> January (3 days = \$600) January 11, 18, 25	<input type="checkbox"/> January (3 days = \$600) January 12, 19, 26
<input type="checkbox"/> February (3 days = \$600) February 5, 12, 26 Holidays: February 19	<input type="checkbox"/> February (4 days = \$800) February 6, 13, 20, 27	<input type="checkbox"/> February (4 days = \$800) February 7, 14, 21, 28	<input type="checkbox"/> February (5 days = \$1000) February 1, 8, 15, 22, 29	<input type="checkbox"/> February (4 days = \$800) February 2, 9, 16, 23
<input type="checkbox"/> March (4 days = \$800) March 4, 11, 18, 25	<input type="checkbox"/> March (4 days = \$800) March 5, 12, 19, 26	<input type="checkbox"/> March (4 days = \$800) March 6, 13, 20, 27	<input type="checkbox"/> March (4 days = \$800) March 7, 14, 21, 28	<input type="checkbox"/> March (5 days = \$1000) March 1, 8, 15, 22, 29
<input type="checkbox"/> April (4 days = \$800) April 8, 15, 22, 29 Holidays: April 1	<input type="checkbox"/> April (5 days = \$1000) April 2, 9, 16, 23, 30	<input type="checkbox"/> April (4 days = \$800) April 3, 10, 17, 24	<input type="checkbox"/> April (4 days = \$800) April 4, 11, 18, 25	<input type="checkbox"/> April (4 days = \$800) April 5, 12, 19, 26

If funding is available for your child's term at Nova's Ark, please check off which Agency and include a copy of any additional information such as forms, checklists etc.

- | | |
|--|--|
| <input type="checkbox"/> OAP (One Time Funding) | <input type="checkbox"/> Canopy (Passport) |
| <input type="checkbox"/> ACCESS OAP (Core Clinical Funding) | <input type="checkbox"/> Community Living |
| <input type="checkbox"/> Special Services at Home | <input type="checkbox"/> Private Insurance |
| <input type="checkbox"/> Resources for Exceptional Children | <input type="checkbox"/> Other (please specify) _____ |

Contact Person: _____ Telephone#: _____ Email: _____

***Please note there is an additional cost for individuals who receive Core Clinical Services Funding from the Ontario Autism Program due to the mandatory reporting requirements.**