



**OUT OF THE BOX**  
**WEEKDAY SESSIONS**  
FOR INDIVIDUALS WITH VARIED ABILITIES

**REGISTRATION FORM:** *Please PRINT or fill out digitally using the blue boxes*

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

September to December, 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
<p>→ <b>September</b>            (4 days = \$800)            April 9, 16, 23, 30            Holidays: September 2</p> <p>→ <b>October</b>            (3 days = \$600)            October 7, 21, 28            Holidays October 14</p> <p>→ <b>November</b>            (4 days = \$800)            November 4, 11, 18, 25</p> <p>→ <b>December</b>            (3 days = \$600)            December 2, 9, 16</p>	<p>→ <b>September</b>            (3 days = \$600)            September 10, 17, 24</p> <p>→ <b>October</b>            (5 days = \$1000)            October 1, 8, 15, 22, 29</p> <p>→ <b>November</b>            (4 days = \$800)            November 5, 12, 19, 26</p> <p>→ <b>December</b>            (3 days = \$600)            December 3, 10, 17</p>	<p>→ <b>September</b>            (3 days = \$600)            September 11, 18, 25</p> <p>→ <b>October</b>            (5 days = \$1,000)            October 2,9,16,23,30</p> <p>→ <b>November</b>            (4 days = \$800)            November 6,13,20,27</p> <p>→ <b>December</b>            (3 days = \$600)            December 4, 11, 18</p>	<p>→ <b>September</b>            (3 days = \$600)            September 12, 19, 26</p> <p>→ <b>October</b>            (5 days = \$1000)            October 3,10,17,24,31</p> <p>→ <b>November</b>            (4 days = \$800)            November 7,14,21,28</p> <p>→ <b>December</b>            (3 days = \$600)            December 5, 12, 19</p>	<p>→ <b>September</b>            (3 days = \$600)            September 13, 20, 27</p> <p>→ <b>October</b>            (4 days = \$800)            October 4, 11, 18, 25</p> <p>→ <b>November</b>            (5 days = \$1000)            November 1,8,15,22,29</p> <p>→ <b>December</b>            (3 days = \$600)            December 6, 13, 20</p>

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.

- **OAP (One Time Funding)**
- **ACCESS OAP (Core Clinical Funding)**
- **Special Services at Home**
- **Resources for Exceptional Children**
- **Canopy (Passport)**
- **Community Living**
- **Private Insurance**
- **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.