Nova's Ark
Where Special is Welcome

2025 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

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: Please indicate your top 3 choices marked as #1, #2, #3

Days: Monday to Friday Time: 9:00 a.m. to 3:00 p.m. Cost: $1000/week

☐ **Week 1: Jun 30 – Jul 4** ☐ **Week 2: Jul 7 – 11** ☐ **Week 3: Jul 14 – 18** ☐ **Week 4: Jul 21 – 25**
(Note: 4 days only, no July 1st. Cost:$800) .

☐ **Week 5: Jul 28 – Aug 1** ☐ **Week 6: Aug 5 – 8** ☐ **Week 7: Aug 11 – 15** ☐ **Week 8: Aug 18 – 22**
(Note: 4 days only – Cost: $800)

☐ **Week 9: Aug 25 – 29**

Please note: participants can register for up to 3 weeks, provided there is space available. We will place any additional requested weeks on our waitlist.

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/Type of Funding_____# of Weeks Funded: _____

Contact Person: _____Telephone:_____

***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. ***

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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