



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 2025 – 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 6, 13, 20, 27	<input type="checkbox"/> January (4 days = \$800) January 7, 14, 21, 28	<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"/> February (3 days = \$600) February 3, 10, 24 Holidays: February 17	<input type="checkbox"/> February (4 days = \$800) February 4, 11, 18, 25	<input type="checkbox"/> February (4 days = \$800) February 5, 12, 19, 26	<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"/> March (5 days = \$1000) March 3, 10, 17, 24, 31	<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"/> April (3 days = \$600) April 7, 14, 28 Holidays: April 21	<input type="checkbox"/> April (5 days = \$1000) April 1, 8, 15, 22, 29	<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

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.