



**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 June 2026 – 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) <i>January 5, 12, 19, 26</i> <input type="checkbox"/> February (3 days = \$600) <i>February 2, 9, 23</i> <i>Holidays: February 16</i> | <input type="checkbox"/> January (4 days = \$800) <i>January 6, 13, 20, 27</i> <input type="checkbox"/> February (4 days = \$800) <i>February 3, 10, 17, 24</i> | <input type="checkbox"/> January (4 days = \$800) <i>January 7, 14, 21, 28</i> <input type="checkbox"/> February (4 days = \$800) <i>February 4, 11, 18, 25</i> | <input type="checkbox"/> January (4 days = \$800) <i>January 8, 15, 22, 29</i> <input type="checkbox"/> February (4 days = \$800) <i>February 5, 12, 19, 26</i> | <input type="checkbox"/> January (4 days = \$800) <i>January 9, 16, 23, 30</i> <input type="checkbox"/> February (4 days = \$800) <i>February 6, 13, 20, 27</i> |
| <input type="checkbox"/> March (5 days = \$1000) <i>March 2, 9, 16, 23, 30</i> <input type="checkbox"/> April (4 days = \$800) <i>April 13, 20, 27</i> <i>Holiday: April 6</i> | <input type="checkbox"/> March (5 days = \$1000) <i>March 3, 10, 17, 24, 31</i> <input type="checkbox"/> April (4 days = \$800) <i>April 7, 14, 21, 28</i> | <input type="checkbox"/> March (4 days = \$800) <i>March 4, 11, 18, 25,</i> <input type="checkbox"/> April (5 days = \$1000) <i>April 1, 8, 15, 22, 29</i> | <input type="checkbox"/> March (4 days = \$800) <i>March 5, 12, 19, 26</i> <input type="checkbox"/> April (5 days = \$1000) <i>April 2, 9, 16, 23, 30</i> | <input type="checkbox"/> March (4 days = \$800) <i>March 6, 13, 20, 27</i> <input type="checkbox"/> April (3 days = \$600) <i>April 10, 17, 24</i> <i>Holiday: April 3</i> |
| <input type="checkbox"/> May (3 days = \$600) <i>May 4, 11, 25</i> <i>Holiday: May 18</i> <input type="checkbox"/> June (4 days = \$800) <i>June 1, 8, 15, 22</i> | <input type="checkbox"/> May (4 days = \$800) <i>May 5, 12, 19, 26</i> <input type="checkbox"/> June (4 days = \$800) <i>June 2, 9, 16, 23</i> | <input type="checkbox"/> May (4 days = \$800) <i>May 6, 13, 20, 27</i> <input type="checkbox"/> June (4 days = \$800) <i>June 3, 10, 17, 24</i> | <input type="checkbox"/> May (4 days = \$800) <i>May 7, 14, 21, 28</i> <input type="checkbox"/> June (4 days = \$800) <i>June 4, 11, 18, 25</i> | <input type="checkbox"/> May (5 days = \$1000) <i>March 1, 8, 15, 22, 29</i> <input type="checkbox"/> June (4 days = \$800) <i>April 5, 12, 19, 26</i> |

Parent/Guardian Name: _____

Signature: _____

Contact: Mary-Ann Nova – Nova's Ark Charity 7505 Cedarbrook Trail, Brooklin, ON L1M 1L9

Telephone: 905-706-1009 Email: admin.novasark@bell.net Website: www.novasark.ca Instagram/Facebook: @novasarkcharity