



**OAP (ONTARIO AUTISM PROGRAM)  
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.



# OAP (Ontario Autism Program) OUT OF THE BOX

**January to June 2026 – Cost - \$350/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"/> <b>January</b> (4 days = \$1400) January 5, 12, 19, 26	<input type="checkbox"/> <b>January</b> (4 days = \$1400) January 6, 13, 20, 27	<input type="checkbox"/> <b>January</b> (4 days = \$1400) January 7, 14, 21, 28	<input type="checkbox"/> <b>January</b> (4 days = \$1400) January 8, 15, 22, 29	<input type="checkbox"/> <b>January</b> (4 days = \$1400) January 9, 16, 23, 30
<input type="checkbox"/> <b>February</b> (3 days = \$1050) February 2, 9, 23 Holidays: February 16	<input type="checkbox"/> <b>February</b> (4 days = \$1400) February 3, 10, 17, 24	<input type="checkbox"/> <b>February</b> (4 days = \$1400) February 4, 11, 18, 25	<input type="checkbox"/> <b>February</b> (4 days = \$1400) February 5, 12, 19, 26	<input type="checkbox"/> <b>February</b> (4 days = \$1400) February 6, 13, 20, 27
<input type="checkbox"/> <b>March</b> (5 days = \$1750) March 2, 9, 16, 23, 30	<input type="checkbox"/> <b>March</b> (5 days = \$1750) March 3, 10, 17, 24, 31	<input type="checkbox"/> <b>March</b> (4 days = \$1400) March 4, 11, 18, 25,	<input type="checkbox"/> <b>March</b> (4 days = \$1400) March 5, 12, 19, 26	<input type="checkbox"/> <b>March</b> (4 days = \$1400) March 6, 13, 20, 27
<input type="checkbox"/> <b>April</b> (4 days = \$1400) April 13, 20, 27 Holiday: April 6	<input type="checkbox"/> <b>April</b> (4 days = \$1400) April 7, 14, 21, 28	<input type="checkbox"/> <b>April</b> (5 days = \$1750) April 1, 8, 15, 22, 29	<input type="checkbox"/> <b>April</b> (5 days = \$1750) April 2, 9, 16, 23, 30	<input type="checkbox"/> <b>April</b> (3 days = \$1050) April 10, 17, 24 Holiday: April 3
<input type="checkbox"/> <b>May</b> (3 days = \$1050) May 4, 11, 25 Holiday: May 18	<input type="checkbox"/> <b>May</b> (4 days = \$1400) May 5, 12, 19, 26	<input type="checkbox"/> <b>May</b> (4 days = \$1400) May 6, 13, 20, 27	<input type="checkbox"/> <b>May</b> (4 days = \$1400) May 7, 14, 21, 28	<input type="checkbox"/> <b>May</b> (5 days = \$1750) March 1, 8, 15, 22, 29
<input type="checkbox"/> <b>June</b> (4 days = \$1400) June 1, 8, 15, 22	<input type="checkbox"/> <b>June</b> (4 days = \$1400) June 2, 9, 16, 23	<input type="checkbox"/> <b>June</b> (4 days = \$1400) June 3, 10, 17, 24	<input type="checkbox"/> <b>June</b> (4 days = \$1400) June 4, 11, 18, 25	<input type="checkbox"/> <b>June</b> (4 days = \$1400) April 5, 12, 19, 26

OAP Funding End date: \_\_\_\_\_

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