



2026 NON-FUNDED SUMMER PROGRAM FOR INDIVIDUALS WITH VARIED ABILITIES

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: \$1,125/week

<input type="checkbox"/> Week 1: Jun 29 – Jul 3 (Note: 4 days only, no July 1 st . Cost: \$900)	<input type="checkbox"/> Week 2: Jul 6 – 10	<input type="checkbox"/> Week 3: Jul 13 – 17	<input type="checkbox"/> Week 4: Jul 20 – 24
<input type="checkbox"/> Week 5: Jul 27 – 31	<input type="checkbox"/> Week 6: Aug 4 – 7 (Note: 4 days only – Cost: \$900)	<input type="checkbox"/> Week 7: Aug 10 – 14	<input type="checkbox"/> Week 8: Aug 17 – 21
<input type="checkbox"/> Week 9: Aug 24– 28	<input type="checkbox"/> Week 10: Aug 31 – Sept 4		

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. See SUMMER OAP PRGRAM FORM

Office Use Only:	PAID BY:	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> eTransfer
P/G: Inv # _____	\$ _____	Date: Sent _____ Rec'd _____ Rec't#: _____
AG: Inv # _____	\$ _____	Date: Sent _____ Rec'd _____ Rec't#: _____

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

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

PHOTO AND MEDIA CONSENT FORM

1. Consent to Photography and Recording

I give permission for the Participant to be photographed, filmed, or recorded during Program activities.

2. Use of Images and Recordings

I allow the Nova's Ark ("Organization") to use these photos, videos, and recordings for purposes such as promotional materials, social media, websites, presentations, and reports. This permission applies to both print and digital formats.

3. No Compensation

I understand that the Participant will not receive payment or other compensation for the use of these images or recordings.

4. Ownership and editing

I acknowledge that the Organization owns the images and recordings and may edit, crop, or modify them as needed, as long as the use remains lawful and respectful.

I give photo consent

I do not give photo consent

Rights Revocation

I may revoke this consent at any time by providing written notice to the Organization. I understand that revocation does not require the Organization to remove materials already published or circulated.

Acknowledgment

I have read this consent form. I understand and agree to its terms.

Signature of Parent/Guardian: _____ Date: _____

Participant Signature/Name: _____ Date: _____