Nova's Ark
Where Special is Welcome

OAP (ONTARIO AUTISM PROGRAM)

OUT OF THE BOX
WEEKDAY SESSIONS

FOR INDIVIDUALS WITH VARIED ABILITIES

REGISTRATION FORM: ***Please PRINT***

Name: _____ ☐ M ☐ F ☐ Other ☐

Mailing Address: _____

City: _____ Postal Code: _____ Birthdate: _____/_____/_____

School Name (if applicable) _____Grade (if applicable) _____

Medical Condition/Diagnosis: _____

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 Operations Manager. Please include the name and birth date of participant on Page 2 and clearly mark which sessions you are selecting. Payment is greatly appreciated before the first of each month.

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

OAP (Ontario Autism Program)
OUT OF THE BOX
September - December 2026 – Cost - $400/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
☐ **September** *(3 days = $1,200)* ***September 14, 21, 28***	☐ **September** *(3 days = $1,200)* ***September 15, 22, 29***	☐ **September** *(3 days = $1,200)* ***September 16, 23, 30***	☐ **September** *(2 days = $800)* ***September 17, 24***	☐ **September** *(2 days = $800)* ***September 18, 25***
☐ **October** *(3 days = $1,200)* ***October 5, 19, 26*** ***Holiday: October 12***	☐ **October** *(4 days = $1,600)* ***October 6, 13, 20, 27***	☐ **October** *(4 days = $1,600)* ***October 7, 14, 21, 28***	☐ **October** *(4 days = $1,600)* ***October 8, 15, 22, 29***	☐ **October** *(4 days = $1,600)* ***October 9, 16, 23, 30***
☐ **November** *(5 days = $2,000)* ***November 2, 9, 16, 23, 30***	☐ **November** *(4 days = $1,600)* ***November 3, 10, 17, 24***	☐ **November** *(4 days = $1,600)* ***November 4, 11, 18, 25***	☐ **November** *(4 days = $1,600)* ***November 5, 12, 19, 26***	☐ **November** *(4 days = $1,600)* ***November 6, 13, 20, 27***
☐ **December** *(2 days = $800)* ***December 7, 14***	☐ **December** *(3 days = $1,200)* ***December 1, 8, 15***	☐ **December** *(3 days = $1,200)* ***December 2, 9, 16***	☐ **December** *(3 days = $1,200)* ***December 3, 10, 17***	☐ **December** *(3 days = $1,200)* ***December 4, 11, 18***

Payment and Fee

By signing this agreement, the parent/guardian acknowledges and agrees that program fees are based on the participants scheduled enrollment days, not attendance. Payment is required for all scheduled program days, including days missed due to illness, medical appointments, vacations, family commitments, or any other absence.

Fees remain payable regardless of attendance unless otherwise approved in writing by the program administration. Parents guardians are responsible for ensuring that all payments are made according to the agreed payment schedule. Failure to maintain payments may result in suspension or termination of services.

OAP Funding End date: _____

Parent/Guardian Name: _____

Signature: _____

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