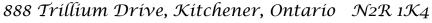


## 2020 HeadStart® School Registration

Mother's Name (Please Print)		Father's Name (Please Print)						
· · · · · · · · · · · · · · · · · · ·			·					
ddress Phone Number								
Does your child have an IEP? If Yes, p	lease attach with	registrati	ion. Tuition will be	adjusted.				
		Т	uition before May 31	After May 31				
Minimum of three (3) or more co	nsecutive wee	eks	\$290/week	\$320/wee	ek			
◯ July 6 to 10 ◯ July	13 to 17	July 2	0 to 24	July 27 to	31			
Aug 4 to 7.	Aug 10 to	14	) Aug 17 to 21					
1st Child's Name	Date of Birth	Present Grade	1 week's tuition x # of we	eks =	total A			
2nd Child's Name	Date of Birth	Present Grade	1 week's tuition x # of we	eks x 0.75	total B			
3rd Child's Name	Date of Birth	Present Grade	1 week's tuition x # of we	eeks x 0.5	total C			
After School Supervision:  After School Supervision (4 pm to 5:30) - L  School is open from (8 am to 4 pm) - Class			X X X	# of children.	total D			
			Total Tuition	n				
				Total A + Total B +	+ Total C + Total			
St. Jude's HeadStart Sc	hool®		Reti	urn to				
<b>REVIEWS</b> present grade of	curriculum		888 Trill	ium Driv	<i>r</i> e			
STRENGHENS proficienc	y into mastery		Kitchene	r N2R 1K4				
BUILDS academic confidence				or				
ACCELERATES learning		onconto	principa	l@sjsh.ca				
ACCELLIATES learning	of flext grade of	oncepts						
As of June 1, the total tuition is illness, withdrawal or expulsion We have read, understood	n. School's Code	e of Con	duct is a conditio	n of attendan				
Mother's Signature	_ & Father's	Signature		Date	_			
<del></del>		J : :=:-						











## HeadStart School Information & Release Form

Personal information is collected and retained for purposes of providing educational services as dictated by the Government of Ontario, the Education Act, and/or the Ontario Ministry of Education. All information is solely for the use of Scholars' Hall – St. Jude's School (SJSH) and will not be provided, without written release, to any person or agency unless it is to provide educational services, as determined by the Government of Ontario, the Education Act, and/or the Ontario Ministry of Education, for a student who was or is presently registered at SJSH.

			(	)	-
Home Address (street and number)	City	Postal Code	,		Home Phone #
Name of School attending	grade e	nrolled in I	EP (NO	) or	if (YES) Please attach
Ç					
Mother's Name:	Fath	er's Name:			
cell number:		cell number:			
Email:	En	nail:			
Medical Information					
Ontario Health Card Number	Doctor's	Name	Doctor's Telephone Number		
Medical Concerns? NO If YES please des	cribe				
<b>Medication?</b> NO If YES please describe re	eason for taking wit	th administration instru	ıctions _		
Allergies? NO If YES please describe reas	son for taking with	dosages and times			
Emergency Contact Information					
( ECP) Emergency Contact Person's Name	Relations	hip to student	EC	P's Te	lephone Number
MEDICAL LIABILITY RELEASE & CONSENT OF MEDICATION TO A MINOR: I/We, as the ITS DESIGNATED REPRESENTATIVES FROM FU authorize SJSH or its designated representative, medical or surgical treatment deemed advisable of Ontario. In this event, I/We agree to pay all of other medical insurance policy. I/We, as the uncor its designate to administer the above stated in over the counter, medication as I/We might support the counter, medication as I/We might support to the property of the counter of the property of the counter of the property of the	e undersigned pare LL LIABILITY FOR as agents for the by a physician or s costs incurred whic dersigned parent(s) medication as prese	ent(s)/guardian DO HEI PHYSICAL INJURIES A undersigned, to conse surgeon licensed unde h may not be covered )/guardian of the abov	REBY AB ND MED nt to any r the pro by The ( e stated	SOLVI ICAL I and a ovision Ontari minor	E AND RELEASE SJSH. AND EMERGENCIES and do herebrall necessary, immediate s of the Medical Practice Acto Health Plan or by my/our
Parent(s)/Guardia	an Signature(s)			_	Date
I/we give consent for my/our child to participate this e-mail address by which Scholars' Hall Inc. information including his/her report cards and/o	is granted permissi	on to use for the comr	nunicatio	on of o	
My/our email is					
Parents' Signature				Dat	e

888 Trillium Drive, Kitchener, Ontario N2R 1K4







