

St. Jude's School

Bringing JOY to Learning - since 1980



Scholars' Hall

Igniting Greatness - since 1997

2020 HeadStart® School Registration

Mother's Name (Please Print)

Father's Name (Please Print)

Address

Phone Number

Does your child have an IEP? If Yes, please attach with registration. Tuition will be adjusted.

	Tuition before May 31	After May 31
Minimum of three (3) or more consecutive weeks	\$290/week	\$320/week
<input type="radio"/> July 6 to 10	<input type="radio"/> July 13 to 17	<input type="radio"/> July 20 to 24
<input type="radio"/> Aug 4 to 7.	<input type="radio"/> Aug 10 to 14	<input type="radio"/> Aug 17 to 21

_____ 1st Child's Name	_____ Date of Birth	_____ Present Grade	_____ 1 week's tuition x # of weeks	=	_____ total A
_____ 2nd Child's Name	_____ Date of Birth	_____ Present Grade	_____ 1 week's tuition x # of weeks x 0.75	=	_____ total B
_____ 3rd Child's Name	_____ Date of Birth	_____ Present Grade	_____ 1 week's tuition x # of weeks x 0.5	=	_____ total C

After School Supervision:
 After School Supervision (4 pm to 5:30) - Late Fee (after 5:30 pm)
 School is open from (8 am to 4 pm) - Classes from (8:30 to 3:30)

\$37.50 x _____ x _____ = _____
 # of weeks # of children. total D

Total Tuition _____
Total A + Total B + Total C + Total D

St. Jude's HeadStart School® . . .

- REVIEWS** present grade curriculum
- STRENGTHENS** proficiency into mastery
- BUILDS** academic confidence
- ACCELERATES** learning of next grade concepts

Return to
888 Trillium Drive
Kitchener N2R 1K4
 or
principal@sjsh.ca

As of June 1, the total tuition is non-refundable. No refund for absenteeism, suspension, illness, withdrawal or expulsion. School's Code of Conduct is a condition of attendance. We have read, understood and agree with the conditions of this contract.

Mother's Signature & _____
Father's Signature _____
Date

888 Trillium Drive, Kitchener, Ontario N2R 1K4



A Mentor Academy
where potential becomes achievement
Grade 1 to 12
519-888-0807 www.stjudes.com



A Preparatory School
for first choice College & University
JK to Grade 12
www.scholarshall.com 519-888-6620



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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 enrolled in _____ IEP (NO) or if (YES) Please attach _____

Mother's Name: _____ Father's Name: _____

cell number: _____ cell number: _____

Email: _____ Email: _____

Medical Information

Ontario Health Card Number _____ Doctor's Name _____ Doctor's Telephone Number _____

Medical Concerns? NO If YES please describe _____

Medication? NO If YES please describe reason for taking with administration instructions _____

Allergies? NO If YES please describe reason for taking with dosages and times _____

Emergency Contact Information

(ECP) Emergency Contact Person's Name _____ Relationship to student _____ ECP's Telephone Number _____

MEDICAL LIABILITY RELEASE & CONSENT AUTHORIZATION TO THE TREATMENT OF A MINOR & ADMINISTRATION OF MEDICATION TO A MINOR: I/We, as the undersigned parent(s)/guardian DO HEREBY ABSOLVE AND RELEASE SJSH. AND ITS DESIGNATED REPRESENTATIVES FROM FULL LIABILITY FOR PHYSICAL INJURIES AND MEDICAL EMERGENCIES and do hereby authorize SJSH or its designated representative, as agents for the undersigned, to consent to any and all necessary, immediate medical or surgical treatment deemed advisable by a physician or surgeon licensed under the provisions of the Medical Practice Act of Ontario. In this event, I/We agree to pay all costs incurred which may not be covered by The Ontario Health Plan or by my/our other medical insurance policy. I/We, as the undersigned parent(s)/guardian of the above stated minor, do hereby authorize SJSH or its designate to administer the above stated medication as prescribed by his/her physician, or other, over the counter, medication as I/We might supply.

Parent(s)/Guardian Signature(s) _____ Date _____

I/we give consent for my/our child to participate in all school related activities on or off the school's property. I/we have provided this e-mail address by which Scholars' Hall Inc. is granted permission to use for the communication of our child's personal academic information including his/her report cards and/or any school news, information, and announcements.

My/our email is _____

Parents' Signature _____ Date _____

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