

2020 HeadStart_® ZOOM School Registration Gra

des	3,	4,	5,	6,	7,	8,	9	

Mother's Name		Father's Name				
Address			Phone Number			
Class maximum is twelve.	Class minimum is sev	ven.	Pick your classes			
Language (9 to 10 am)	Math (10:30 to -	to 11:30 am) Social Sciences (12:30 to 1:30 g (History, Geography, Science)				
	:: 1 class /day = \$69 		\$119 3 classes /day = \$149 ibling's tuition reduced by 30%			
Minimum of three (3) or more	consecutive weeks					
July 6 to 10	July 13 to 17	🔿 July 20	to 24 () July 27 to 31			
August 3 to 7	O Aug 10 to 14	Aug	17 to 21 Aug 24 to 28	3		
1st Child's Name	Date of Birth	Present Grade	1 week's tuition x # of weeks x 1.0	=total A		
2nd Child's Name	Date of Birt	h Present Grade	1 week's tuition x # of weeks x 0.8	total B		
3rd Child's Name	Date of Birth	n Present Grade	1 week's tuition x # of weeks x 0.7	total C		
			Total Tuition			
St. Jude's HeadS	start _® School		l otal A +	I otal B + I otal C		
REVIEWS pres	ent grade curriculum	E-Mail Registration and E-Transfer to				
STRENGHENS	proficiency into mas		~ ~			
BUILDS acade	mic confidence	principal@sjsh. password HeadStart				
ACCELERATE	S learning of next gra	ade concep				

No behavioural or educational accommodations will be provided. Full tuition must be provided with this registration. As of July 1, 2020, 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 understand and agree with the conditions of this contract.





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 12 519-888-6620 www.scholarshall.com





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	City Postal Code		Home Phone #			
		grade er	nrolled in	IEP (NO)	or if (YES) Please attach			
Name of Sc	hool attending							
Mother's Name	e:	Fath	er's Name:					
	cell number:			cell nur	mber:			
Email:		Em	nail:			_		
Medical Inform	mation							
Ontario Health Card Number		Doctor's l	Name	Doctor's Telephone Number				
Medical Conce	erns? NO							
	YES (please describe)							
Medication?	NO YES (please describe reason for taking w	vith administration instructions)						
Allergies? N Y	O 'ES (please describe)							
Emergency Co	ontact Information							
(ECP) Emerge	ncy Contact Person's Name	Relationship to	student	ECP's Tele	phone Number			
OF MEDICATION ITS DESIGNATE authorize SJSH (BILITY RELEASE & CONSENT ON TO A MINOR: I/We, as the D REPRESENTATIVES FROM FUL or its designated representative,	e undersigned paren L LIABILITY FOR Ph as agents for the un	t(s)/guardian DO H HYSICAL INJURIES Indersigned, to cons	IEREBY ABSC AND MEDICA sent to any ar	DLVE AND RELEASE SJSH. / L EMERGENCIES and do he ad all necessary, immediate	AND reby		

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



888 Trillium Drive, Kitchener, Ontario N2R 1K4

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