2022 HeadStart School® Registration

Grades JK, SK, 1, 2, 3, 4, 5, 6, 7, 8

ddress					Phone Num	ber
Tuitions:	First Child	Additional Child(rei	n) After So	chool Supervision	on per child	
One month Two months	\$1,250 \$2,500	\$750 \$1,500		\$100 \$200		
Does your child	d have an IEP?	If Yes, please attach	with registratio	n. Tuition will be	e adjusted	
				\$1250	\$2500	
st Child's Name		Date of Birth	Present Grade	1 month	full summer	total A
				\$750	\$1500	
nd Child's Name		Date of Birth	Present Grade	1 month	full summer	total B
				\$750	\$1500	:
3rd Child's Name		Date of Birth	Present Grade	1 month	full summer	total
July (4 to	29)	Aug (1 to 20	s) (Full Summ	er (July 4 to Au	ıg 26)
	,	O O N	,	\$	100 1 month	
		!=!== // · = ==		ģ.	200 2 months =	
After School is on Total Tuition = _	pen from (8 am to 4	4 pm to 5:29 4 pm) - Classes from (8:30 +	to 3:30) # of	children X P	Fee TOTAL	total
Total Tuition = St. Jude's Head	pen from (8 am to 4	4 pm) - Classes from (8:30	to 3:30) # of	children D	Fee TOTAL	
Total Tuition = St. Jude's Head REVIEWS pre	+ A Start Sc sent grade	+ m) - Classes from (8:30	to 3:30) # of	children D E-mail	Fee	
Total Tuition = St. Jude's Head REVIEWS pre STRENGHENS	A Start Sc sent grade pen from (8 am to 4)	+ m) - Classes from (8:30	to 3:30) # of	children D E-mail and	Fee TOTAL	
Total Tuition = St. Jude's Head REVIEWS pre	A Start Sc sent grade pen from (8 am to 4)	+ m) - Classes from (8:30	to 3:30) # of	E-mail and ful	Fee TOTAL this registrat E-Transfer	cion
Total Tuition = St. Jude's Head REVIEWS pre STRENGHENS BUILDS acade	A Start Sc sent grade proficience emic confide	+ m) - Classes from (8:30	to 3:30) # of	E-mail and ful princ	this registrat E-Transfer Il tuition to	cion
Total Tuition = St. Jude's Head REVIEWS pre STRENGHEN: BUILDS acade ACCELERATI The Total HeadStarte Schegistration to principal@s with Trillium as the passy ion-refundable. No refundable is received on 2022. St. Jude's School Control of the control of	sent grade sent grade spenic confide situates compared to the sent grade specific confide stitutes compared to the sent grade confide stitutes compared to the sent grade confide stitutes compared to the sent grade confidence confid	thools chools curriculum cy into mastery ence of next grade of and then E-trans June25,2022 the form whole, will be give sm, illness, suspense 24, 2022 the form	oncepts this registrate the total HeadS en if your chansion, without otal fees part of registrate	E-mail and ful princ ration. Pleas fees to princ tart School ild does not drawal, or exid will be refion and continuation.	this registrat E-Transfer Il tuition to ipal@sjsh.c word is Trillium e E-mail the cocipal@stjudes.c Fee is totally attend, for any pulsion. If writte unded by Septe inued attendan	mpleted com reason, en

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



A University Preparatory School where achievement becomes

JK to Grade 12

www.scholarshall.com 519-888-6620





HeadStart School Information & Release Form

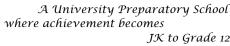
Personal information is collected and retained for purposes of providing educational services as dictated by the Government of Ontario, the Education Act, and/or the Ontario Ministry of Education. All information is solely for the use of Scholars' Hall – St. Jude's School (SJSH) and will not be provided, 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.

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Home Address (street and number)	City	Postal Code			Home Phone #		
Name of School attending	grade enrolled	l in IEF	P (NO)	or	if (YES) Please attach		
· ·							
Mother's Name:	Father's I	lame:					
cell number:				cell number:			
mail:	Email:						
dedical Information							
Ontario Health Card Number	Doctor's Name	2			Doctor's Telephone Number		
Medical Concerns? NO If YES please describe _							
Medication? NO If YES please describe reason for	or taking with ad	ministration instruc	tions				
redication: NO II 123 please describe reason to	or taking with au	illiisti attori iristi act					
Allergies? NO If YES please describe reason for	taking with dosa	ges and times					
mergency Contact Information							
(ECP) Emergency Contact Person's Name	Relationship to	student	ECF	's Te	lephone Number		
MEDICAL LIABILITY RELEASE & CONSENT AUTH OF MEDICATION TO A MINOR: I/We, as the under TS DESIGNATED REPRESENTATIVES FROM FULL LIAE uthorize SJSH or its designated representative, as age nedical or surgical treatment deemed advisable by a p of Ontario. In this event, I/We agree to pay all costs in other medical insurance policy. I/We, as the undersign or its designate to administer the above stated medical over the counter, medication as I/We might supply.	rsigned parent(s) BILITY FOR PHYSents for the unde shysician or surge acurred which maded parent(s)/gua	/guardian DO HERE SICAL INJURIES ANI rsigned, to consent con licensed under t y not be covered by rdian of the above	EBY ABS D MEDI to any the prov y The C stated I	SOLVI CAL I and a vision Ontari minor	E AND RELEASE SJSH. AND EMERGENCIES and do herel all necessary, immediate as of the Medical Practice Act the Medical Practice Act to Health Plan or by my/our, do hereby authorize SJSH		
Parent(s)/Guardian Sign	ature(s)		_	-	Date		
/we give consent for my/our child to participate in all /we have provided this e-mail address by which Schol- hild's personal academic information including his/her /ly/our email is	ars' Hall Inc. is g	ranted permission t	o use fo	or the	e communication of our		
Parents' Signature				Dat			
raitiis signatuit				υaι	.C		

888 Trillium Drive, Kitchener, Ontario N2R 1K4







www.scholarshall.com

519-888-6620

