

## 2023 HeadStart School® Registration

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

Mother's Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Tuition:	First Child	Additional Child(ren)	After School Supervision per child
One month	\$1,300	\$800	\$100
Two months	\$2,500	\$1,500	\$200

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

1st Child's Name	Date of Birth	Present Grade	<b>\$1,300</b>	<b>\$2,500</b>	=	total A
			1 month	2 months		
2nd Child's Name	Date of Birth	Present Grade	<b>\$800</b>	<b>\$1,500</b>	=	total B
			1 month	2 months		
3rd Child's Name	Date of Birth	Present Grade	<b>\$800</b>	<b>\$1,500</b>	=	total C
			1 month	2 months		

☐ July (3 to 28)

☐ Aug (July 31 to 26)

☐ Full Summer (July 3 to Aug 25)

☐ **After School Supervision** (4 pm to 5:29 pm)  
 School is open from (8 am to 4 pm) - Classes from (8:30 to 3:30)

# of children	x	\$100 each (one month) \$200 each (two months)	=	total D (# of children x fee)
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Total Tuition = \_\_\_\_\_  
TOTAL

### St. Jude's HeadStart School® . . .

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

**E-mail this registration**  
**and E-Transfer**  
**full tuition to**  
**[principal@sjsh.ca](mailto:principal@sjsh.ca)**  
 Password is **Trillium**

The Total HeadStart® School Fee must be received with this registration. Please E-mail the completed registration to [principal@stjudes.com](mailto:principal@stjudes.com) and then E-transfer the total fees to [principal@stjudes.com](mailto:principal@stjudes.com) with the word **Trillium** as the password. As of June 23, 2023, the total HeadStart® School Fee is totally non-refundable. No refund, in part or whole, will be given if your child does not attend, for any reason, including but not limited to, absenteeism, illness, suspension, withdrawal, or expulsion. If written withdrawal is received on or before June 22, 2022 the total fees paid will be refunded, at the school, between 12 noon and 4 pm on Friday, Sept. 29, 2023. St. Jude's School Code of Conduct is a condition of registration and continued 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](http://www.stjudes.com)



*A University Preparatory School*  
*where achievement becomes*  
 JK to Grade 12  
[www.scholarshall.com](http://www.scholarshall.com) 519-888-6620



St. Jude's School

Bringing JOY to Learning – since 1980



Scholars' Hall

Igniting Greatness – since 1997

## 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 line and 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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