

## 2022 HeadStart School® Registration

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

Mother's Name (Please Print)	Fathe	Father's Name (Please Print)						
Address  Does your child have an IEP? I	f Yes. please attach with rec	aistration. Tu	uition will be a	Phone Num	nber			
,	,	,		,				
1st Child's Name	Date of Birth	Present Grade	3 weeks	full summer	total A			
2nd Child's Name	Date of Birth	Present Grade	3 weeks	full summer	total B			
3rd Child's Name	Date of Birth	Present Grade	1 month	= full summer	total C			
July (4 to 29)	O Aug (1 to 26)		)Full Sumi	mer (July 4 to Au	ıg 26)			
Optional Programs:								
After School Supervision – 4pm to 5:29 pm - School is open from (8 am to 4 pm) - Classes from (8:30 to 3:30)		\$100/\$200 1 child 1 mth/2mths		\$200/\$400 = family total D 1 mth/2mths				
Total Tuition =	_ + +	+_		=				
St. Jude's <i>HeadStart</i>	School <sub>®</sub>							
REVIEWS present gra	de curriculum			I this registrat	tion			
STRENGHENS proficiency into mastery				I <b>E-Transfer</b> Ill tuition to				
BUILDS academic confidence				cipal@sjsh.c	<u>a</u>			
ACCELERATES learn	Pa	ssword is <b>Trillium</b>						
As of June 1 <sup>st</sup> , half of the total tuition i if government closure prior to start da illness, withdrawal or expulsion. Scho ar	te, tuition will then be tota	ally refunde a condition	ed. No refund of attendan	d for absenteeism,	suspension,			
Matheda Otto	&	F-41- 3- 0'		<del></del>	Data			
Mother's Signature		Father's Sig	nature		Date			

888 Trillium Drive, Kitchener, Ontario N2R 1K4









## HeadStart School Information & Release Form

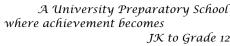
Personal information is collected and retained for purposes of providing educational services as dictated by the Government of Ontario, the Education Act, and/or the Ontario Ministry of Education. All information is solely for the use of Scholars' Hall – St. Jude's School (SJSH) and will not be provided,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

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www.scholarshall.com

519-888-6620

