



2026 August HeadStart® School Registration

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

Tuesday, August 4th to Friday, August 28th

Mother's Name (Please Print)

Father's Name (Please Print)

Address

Phone

First Child = \$1,425 Sibling = \$855 After School Supervision per child = \$100

If your child has an IEP, please include with registration. Registration and Tuition will be reviewed.

1st Child's Name

Date of Birth

Present Grade

Sibling's Name

Date of Birth

Present Grade

Sibling's Name

Date of Birth

Present Grade



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)

x \$100 =
of children

Total Tuition = + + + = TOTAL FEE
1st child Sibling Sibling After School

St. Jude's HeadStart® School . . .

REVIEWS present grade curriculum

STRENGTHENS proficiency into mastery

BUILDS academic confidence

ACCELERATES learning of next grade concepts

Email the completed registration
and E-Transfer the total fee to

admin@sjsh.ca

Password is **Trillium**

The Total HeadStart® School Fee must be received with this registration. Please E-mail the completed registration (and IEP if applicable) to admin@sjsh.ca and then E-transfer the total fees to admin@sjsh.ca using the word **Trillium** as the password.

St. Jude's Scholars' Hall Code of Conduct is a condition of registration and continued attendance.

Withdrawal / Refund Policy

With registration, the total fees must be paid. As of registration, fifteen percent (15%) of total fees is non-refundable. The remaining eighty-five percent (85%) of total fees is non-refundable after June 12, 2026. No refund, in part or whole, will be provided, for any reason, including but not limited to withdrawal; non-attendance; illness; vacation; removal from the program; suspension or expulsion.

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 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.

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
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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
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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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