St. Jude's Scholars' Hall

A Mentor Academy and University Preparatory School

August 2027 *SJSH HeadStart® School* Fee Schedule

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

Tuesday, August 3rd to Friday, August 27th

BASE TUITION	1st child	$1,425	sibling	$855

After School Supervision	Accommodation	Small Ratio Class (IEP)
$100	$855	$1,425

Student's Name	Does this child have an IEP?	Grade in Sept	Base Tuition	Annual After School Care	Fee
	YES NO		$0		$0
	YES NO		$0		$0
	YES NO		$0		$0
				$0	**Total Fees**

SJSH's *HeadStart®* School . . .

REVIEWS present grade curriculum

STRENGHENS 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 of **$0** 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.

** School opens at 8 am; classes begin at 8:30 am and end at 3:30 pm. After School Care is begind at 4 pm and ends at 5:29 pm. A Late Fee of $20 plus $2.00/minute is charged when child is picked up after 5:29 pm.*

** If your child has an IEP or requires accomodation or a small ratio class, HeadStart fees will be adjusted. Enrollment will be discontinued if your child does not continue to meet SJSH's Standards of Good Conduct/Teachability/Order and Discipline.*

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.

Parent Signature _____ Date _____

Parent Signature _____ Date _____

888 Trillium Drive, Kitchener, Ontario N2R 1K4 519-888-6620

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SJSH Student 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 and will be used for the establishment and maintenance of the Ontario Student Record in accordance with the (OSR) Guideline2000. Access to OSR Records may be obtained by contacting the Director of Schools. All information is solely for the use of 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.

_____ _____ _____ Gender _____ Birthdate ____/ ____/ ____

Student's Given Name | Student's Middle Name | Student's Surname | day month year

_____ ( ) _____ - _____

Home Address (street and number) | City | Postal Code | Home Phone #

_____ _____

Name of School attended before Scholars' Hall | Last Grade in Previous School

Parent Information

Name: _____

Relationship to Child: _____

Cell Number : _____

Personal Email: _____

Business Email: _____

Business Phone Number: _____

Parent Information

Name: _____

Relationship to Child: _____

Cell Number : _____

Personal Email: _____

Business Email : _____

Business Phone Number: _____

Is the child adopted? NO If YES, at what age? _____

Are Parents separated or divorces? YES NO If yes, please provide details of custody. _____

_____

Please indicate where report cards and all other correspondence should be sent and if it is to be copied to the other parent, guardian. Also indicate where billing and receipts are to be directed. _____

_____

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 _____

_____

Non-Parent Emergency Contact Information

_____ _____ _____

(ECP) Emergency Contact Person's Name | Relationship to student | ECP's Telephone Number

MEDICAL LIABILITY RELEASE & CONSENT AUTHORIZATION: I/We, as the undersigned parent(s)/guardian of _____ , a minor, DO HEREBY ABSOLVE AND RELEASE SJSH AND ITS DESIGNATED REPRESENTATIVES FROM FULL LIABILITY, DAMAGES, CLAIMS AND EXPENSES, WHETHER DIRECT OR INDIRECT, FOR ANY AND ALL 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 and expenses, 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 Signature | Date | Parent Signature | Date