

GETAHEAD STUDY HALL PROGRAMME 2023-2024



GETAHEAD is an after-school study hall programme to be held at the Main Campus starting Monday, September 11, 2023. Students at TEAM School will be transported to the Main Campus, located at 40 Forest Avenue, at the conclusion of each school day, where they will attend the programme.

Parents are requested to meet their children at the assigned classroom **before 6:00PM each day**. *There is a fee for late pickup charged at the start of every 15 minutes late from 6:00PM* (see registration form).

GETAHEAD has been established to aid students in completing daily homework assignments under the supervision of a trained teacher. Although this programme is **not** designed to be a private tutorial service, it enables students to:

- complete homework in a safe, supervised environment
- acquire better time management skills
- stay focused on their work
- enjoy extra-curricular activities homework-free

The guidelines for each **student's responsibilities** are as follows:

Each student must arrive to the assigned room at 3:30 p.m.

Each student should arrive with a nutritious snack.

Each student must arrive with all necessary tools to complete homework. They are not to leave back-and-forth to their classrooms.

Each student must bring a novel to Study Hall every day. The environment must remain quiet until all students are done their work.

Each student must avoid posing as a disruption to others and must comply with the supervising teacher's expectations to ensure a productive learning environment for all.

If a student will be late or absent, please provide **written permission ahead of time**, or leave a message with the main office at (905) 271-3393. Alternatively, you may also send an email or message to the director, Ms. Tili. *(Please advise the Study Hall teacher if you are attending a team practice, a team competition, or a scheduled practice.)*



Parents will have the option of a *Monday to Thursday* session **or** a *Monday to Friday** session. Both sessions will run from 3:30 p.m. to 6:00 p.m. See the registration form for additional fees charged for late pick-ups.

Each child's safety is of primary concern, and a parent must come into the school to meet him or her. **No child will be allowed to leave on his or her own or without written permission from a parent/guardian.**

The fee for each session is listed below. **Full payment is required at the beginning of each session. Cheques must be made payable to: GETAHEAD STUDY HALL** and should be forwarded to your child's teacher or the office, *to be given to Ms. Tili*. Sign up for one, two, or all three sessions. A separate form is required for each session and the forms are available online. You may send all forms at the beginning of the programme, but please only send a cheque at the start of each session. Students will not be permitted to attend GETAHEAD without a paid registration.

The sessions are as follows:

SESSION 1:

September 11, 2023 to December 15, 2023

Fees:	Option A - \$1716.00	Monday to Friday	(66 days)
	Option B - \$1404.00	Monday to Thursday	(54 days)

SESSION 2:

January 8, 2024 to March 8, 2024

Fees:	Option A - \$1118.00	Monday to Friday	(43 days)
	Option B - \$910.00	Monday to Thursday	(35 days)

SESSION 3:

March 25, 2024 to June 14, 2024

Fees:	Option A - \$1456.00	Monday to Friday	(56 days)
	Option B - \$1196.00	Monday to Thursday	(46 days)

If you have any questions regarding GETAHEAD, please email getaheadstudyhall@gmail.com, and we will get back to you as soon as possible.

Should you need to call *after the school office closes*, please call (647) 974-9006. Thank you in advance for your cooperation. We look forward to a productive year!

Ms. Tili

GETAHEAD Programme Director

***PLEASE NOTE:** A Monday to Friday session option is contingent upon a minimum number of registrations requirement. If the Friday session will not be possible, you will be contacted before the start of the programme.

REGISTRATION FORM – 2023/2024



Session One GETAHEAD STUDY HALL PROGRAMME

Date of registration: _____ Name of student: _____
Family Information: on file at **TEAM** _____ at **MENTOR** _____

Parent Contact Information:

Parent 1: Name: _____ Cell: _____ Email: _____

Parent 2: Name: _____ Cell: _____ Email: _____

Emergency contact in case parent is unavailable:

Name: _____ Phone Number: _____

Health Concerns: (allergies, medications, etc.) _____ (use back of page, or attach another sheet if necessary)

Circle one option: My child **may** / **may not** go to vending machines.

****Who has permission to pick up the student? 1. _____ Relationship _____**

2. _____ Relationship _____ 3. _____ Relationship _____

Session I: September 11, 2023 to December 15, 2023; 3:30 p.m. to 6:00 p.m.

Option A: (Monday to Friday) _____ Fees: Option A: \$1716.00 (66 days)

Option B: (Monday to Thursday) _____ Fees: Option B: \$1404.00 (54 days)

REGISTRATION AND REFUND POLICIES

1. Full payment must accompany the registration form. **Please make cheque payable to GETAHEAD STUDY HALL.**
2. *There will be a service charge of \$48.00 for all NSF cheques.*
3. Refund requests are to be made in writing to the director. *GETAHEAD reserves the right to withhold 50% of the fees for any session cancelled. Refunds will not be made for days missed due to illness or personal matters.*
4. If the program is cancelled for unforeseen circumstances, you will be issued a pro-rated refund from the date of closure.
5. **All students must be picked up by 6:00 p.m. sharp. Late pickups will be charged an extra 10 dollars for every fifteen minutes.**
6. **GETAHEAD Study Hall reserves the right to remove students from the program who consistently prove to be a disruption to others despite redirection from the supervising teacher.**

In case of emergency, if parent or emergency designate cannot be contacted, I hereby give permission to GETAHEAD STUDY HALL PROGRAMME to seek medical assistance and treatment as may be deemed necessary. I have read, and I understand all the information in this registration package and agree to abide by the conditions outlined.

Date: _____ Signature of Parent/Guardian: _____

REGISTRATION FORM – 2023/2024



Session Two STUDY HALL PROGRAMME

Date of registration: _____ Name of student: _____
Family Information: on file at **TEAM** _____ at **MENTOR** _____

Parent Contact Information:

Parent 1: Name: _____ Cell: _____ Email: _____

Parent 2: Name: _____ Cell: _____ Email: _____

Emergency contact in case parent is unavailable:

Name: _____ Phone Number: _____

Health Concerns: (allergies, medications, etc.) _____ (use back of page, or attach another sheet if necessary)

Circle one option: My child **may** / **may not** go to vending machines.

****Who has permission to pick up the student? 1.** _____ **Relationship** _____

2. _____ **Relationship** _____ **3.** _____ **Relationship** _____

Session 2: January 8, 2024 to March 8, 2024; 3:30 p.m. to 6:00 p.m.

Option A: (Monday to Friday) _____ Fees: Option A: \$1118.00 (43 days)

Option B: (Monday to Thursday) _____ Fees: Option B: \$910.00 (35 days)

REGISTRATION AND REFUND POLICIES

1. Full payment must accompany the registration form. **Please make cheque payable to GETAHEAD STUDY HALL.**
2. *There will be a service charge of \$48.00 for all NSF cheques.*
3. Refund requests are to be made in writing to the director. *GETAHEAD reserves the right to withhold 50% of the fees for any session cancelled. Refunds will not be made for days missed due to illness or personal matters.*
4. If the program is cancelled due to unforeseen circumstances, you will be issued a pro-rated refund for monies paid from the date of closure.
5. **All students must be picked up by 6:00 p.m. sharp. Late pickups will be charged an extra 10 dollars for every fifteen minutes.**
6. **GETAHEAD Study Hall reserves the right to remove students from the program who consistently prove to be a disruption to others despite redirection from the supervising teacher.**

In case of emergency, if parent or emergency designate cannot be contacted, I hereby give permission to GETAHEAD STUDY HALL PROGRAMME to seek medical assistance and treatment as may be deemed necessary. I have read, and I understand all the information in this registration package and agree to abide by the conditions outlined.

Date: _____ Signature of Parent/Guardian: _____

REGISTRATION FORM – 2023/2024



Session Three STUDY HALL PROGRAMME

Date of registration: _____ Name of student: _____
Family Information: on file at **TEAM** _____ at **MENTOR** _____

Parent Contact Information:

Parent 1: Name: _____ Cell: _____ Email: _____

Parent 2: Name: _____ Cell: _____ Email: _____

Emergency contact in case parent is unavailable:

Name: _____ Phone Number: _____

Health Concerns: (allergies, medications, etc.) _____ (use back of page, or attach another sheet if necessary)

Circle one option: My child **may** / **may not** go to vending machines.

****Who has permission to pick up the student? 1. _____ Relationship _____**

2. _____ Relationship _____ 3. _____ Relationship _____

Session 3: March 25, 2024 to June 14, 2024; 3:30 p.m. to 6:00 p.m.

Option A: (Monday to Friday) _____ Fees: Option A: \$1456.00 (56 days)

Option B: (Monday to Thursday) _____ Fees: Option B: \$1196.00 (46 days)

REGISTRATION AND REFUND POLICIES

1. Full payment must accompany the registration form. **Please make cheque payable to GETAHEAD STUDY HALL.**
2. *There will be a service charge of \$48.00 for all NSF cheques.*
3. Refund requests are to be made in writing to the director. *GETAHEAD reserves the right to withhold 50% of the fees for any session cancelled. Refunds will not be made for days missed due to illness or personal matters.*
4. If the program is cancelled due to unforeseen circumstances, you will be issued a pro-rated refund for your monies paid from the date of closure.
5. **All students must be picked up by 6:00 p.m. sharp. Late pickups will be charged an extra 10 dollars for every fifteen minutes.**
6. **GETAHEAD Study Hall reserves the right to remove students from the program who consistently prove to be a disruption to others despite redirection from the supervising teacher.**

In case of emergency, if parent or emergency designate cannot be contacted, I hereby give permission to GETAHEAD STUDY HALL PROGRAMME to seek medical assistance and treatment as may be deemed necessary. I have read, and I understand all the information in this registration package and agree to abide by the conditions outlined.

Date: _____ Signature of Parent/Guardian: _____