



HEADSTART STUDY HALL PROGRAMME 2018-2019

HEADSTART is an after-school study hall programme to be held at the Main Campus starting September 10, 2018. 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 be met and transported to Room 211.

Parents are requested to meet their children at the assigned classroom before six o'clock each day.

HEADSTART 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

Study Hall is supervised by a Mentor College teacher. Once homework is completed, the students will be able to participate in various activities such as puzzles and independent and group board games.

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 his/her homework.

Each student must bring a novel to study hall every day.

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. (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.**

The fee for each session is listed below. **Full payment is required at the beginning of each session. Cheques must be made payable to HEADSTART** and should be forwarded to your child's teacher or the office. Sign up for one, two, or all three sessions. A separate form is required for each session and the forms are available online or from the school office. Students will not be permitted to attend HEADSTART without a paid registration.

The sessions are as follows:

SESSION 1:

September 10, 2018 to December 14, 2018

Fees: **Option A** - \$1452.00 Monday to Friday (66 days)
Option B- \$1188.00 Monday to Thursday (54 days)

SESSION 2:

January 7, 2019 to March 8, 2019

Fees: **Option A** - \$946.00 Monday to Friday (43 days)
Option B - \$770.00 Monday to Thursday (35 days)

SESSION 3:

March 25, 2019 to June 14, 2019

Fees: **Option A** - \$1232.00 Monday to Friday (56 days)
Option B- \$1012.00 Monday to Thursday (46 days)

If you have any questions regarding HEADSTART, please email headstartstudyhall@gmail.com, or leave a message at (905) 271 – 3393, and we will get back to you as soon as possible.

Should you need to call after the school office closes, please call (416) 737-1730. Thank you in advance for your cooperation. We look forward to a productive year!

Mrs. Martinez

HEADSTART After-school Program Director



REGISTRATION FORM – 2018/2019

Session One HEADSTART STUDY HALL PROGRAMME

Date of registration: _____ Name of student: _____

Family Information: on file at **TEAM** _____ at **MENTOR** _____

Emergency contact in case parent is unavailable:

Name: _____ Phone Number: _____

Family Doctor's 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?** _____ relationship _____

_____ relationship _____ relationship _____

Session I: September 10, 2018 to December 14, 2018; 3:30 p.m. to 6:00 p.m.

Option A: (Monday to Friday) _____ Fees: Option A: \$1452.00 (66 days)

Option B: (Monday to Thursday) _____ Fees: Option B: \$1188.00 (54 days)

REGISTRATION AND REFUND POLICIES

1. Full payment must accompany the registration form. **Please make cheque payable to HEADSTART.**
2. There will be a service charge of \$35.00 for all NSF cheques.
3. Refund requests are to be made in writing to the directors. HEADSTART 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. **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.**
5. **HEADSTART 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 HEADSTART STUDY HALL PROGRAMME to seek medical assistance and treatment as may be deemed necessary. I have read, and understand all the information in this registration package and agree to abide by the conditions outlined.

Date: _____ Signature of Parent/Guardian: _____



REGISTRATION FORM – 2018/2019

Session Two STUDY HALL PROGRAMME

Date of registration: _____ Name of student: _____

Family Information: on file at **TEAM** _____ at **MENTOR** _____

Emergency contact in case parent is unavailable:

Name: _____ Phone Number: _____

Family Doctor's 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?** _____ relationship _____
_____ relationship _____ relationship _____

Session 2: January 7, 2019 to March 8, 2019; 3:30 p.m. to 6:00 p.m.

Option A: (Monday to Friday) _____ Fees: Option A: \$946.00 (43 days)

Option B: (Monday to Thursday) _____ Fees: Option B: \$770.00 (35 days)

REGISTRATION AND REFUND POLICIES

1. Full payment must accompany the registration form. **Please make cheque payable to HEADSTART.**
2. There will be a service charge of \$35.00 for all NSF cheques.
3. Refund requests are to be made in writing to the directors. HEADSTART 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.
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In case of emergency, if parent or emergency designate cannot be contacted, I hereby give permission to HEADSTART STUDY HALL PROGRAMME to seek medical assistance and treatment as may be deemed necessary. I have read, and understand all the information in this registration package and agree to abide by the conditions outlined.

Date: _____ Signature of Parent/Guardian: _____



REGISTRATION FORM – 2018/2019

Session Three STUDY HALL PROGRAMME

Date of registration: _____ Name of student: _____

Family Information: on file at **TEAM** _____ at **MENTOR** _____

Emergency contact in case parent is unavailable:

Name: _____ Phone Number: _____

Family Doctor's 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?** _____ relationship _____
_____ relationship _____ relationship _____

Session 3: March 25, 2019 to June 14, 2019; 3:30 p.m. to 6:00 p.m.

Option A: (Monday to Friday) _____ Fees: Option A: \$1232.00 (56 days)

Option B: (Monday to Thursday) _____ Fees: Option B: \$1012.00 (46 days)

REGISTRATION AND REFUND POLICIES

1. Full payment must accompany the registration form. **Please make cheque payable to HEADSTART.**
2. There will be a service charge of \$35.00 for all NSF cheques.
3. Refund requests are to be made in writing to the directors. HEADSTART 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.
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Date: _____ Signature of Parent/Guardian: _____