

**GETAHEAD STUDY HALL PROGRAM  
2026-2027**



GETAHEAD is an after-school study hall program to be held at the Main Campus starting Monday, September 14, 2026. 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 program.

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 program 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:

1. Each student must arrive to the assigned room at 3:30 p.m.
2. Each student should arrive with a nutritious snack.
3. **Each student must arrive with all necessary tools to complete homework. They are not to leave back-and-forth to their classrooms.**
4. **Each student must bring a novel to Study Hall every day. The environment must remain quiet until all students are done their work.**
5. ***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, a scheduled practice, or any after-school club.)*

The program runs *Monday to Thursday* 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 program, 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 14, 2026 to December 10, 2026

Fee: **\$1600.00**      *Monday to Thursday*      (50 days)

**SESSION 2:**

January 4, 2027 to March 11, 2027

Fee: **\$1248.00**      *Monday to Thursday*      (39 days)

**SESSION 3:**

March 30, 2027 to June 17, 2027

Fee: **\$1472.00**      *Monday to Thursday*      (46 days)

If you have any questions regarding GETAHEAD, please email [getaheadstudyhall@gmail.com](mailto: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 Program Director**

**REGISTRATION FORM – 2026/2027**

**SESSION ONE GETAHEAD STUDY HALL PROGRAM**



Date of registration: \_\_\_\_\_ Student first and last name: \_\_\_\_\_

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)

**Health Card Number** (in case of emergency): \_\_\_\_\_

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

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

**2.** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **3.** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Session I:** September 14, 2026 to December 10, 2026; 3:30 p.m. to 6:00 p.m.

Fee: **\$1600.00** *Monday to Thursday* (50 days)

**REGISTRATION AND REFUND POLICIES**

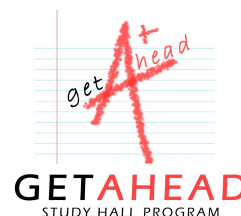
1. Full payment must accompany the registration form. **Please make cheque payable to GETAHEAD STUDY HALL.**
2. *There will be a service charge of \$48.00 for all NSF cheques.*
3. Refund requests are to be made in writing to the director. *GETAHEAD reserves the right to withhold 50% of the fees for any 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 BEFORE 6:00 p.m. sharp. Late pickups will be charged an extra 15 dollars for every fifteen minutes starting at 6:00 p.m.**
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 PROGRAM 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 – 2026/2027

SESSION TWO GETAHEAD STUDY HALL PROGRAM



Date of registration: \_\_\_\_\_ Student first and last name: \_\_\_\_\_

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)

Health Card Number (in case of emergency): \_\_\_\_\_

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

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

2. \_\_\_\_\_ Relationship \_\_\_\_\_ 3. \_\_\_\_\_ Relationship \_\_\_\_\_

Session 2: January 4, 2027 to March 11, 2027; 3:30 p.m. to 6:00 p.m.

Fee: **\$1248.00** Monday to Thursday (39 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 BEFORE 6:00 p.m. sharp. Late pickups will be charged an extra 15 dollars for every fifteen minutes starting at 6:00 p.m.**
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 PROGRAM 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 – 2026/2027

SESSION THREE GETAHEAD STUDY HALL PROGRAM



Date of registration: \_\_\_\_\_ Student first and last name: \_\_\_\_\_

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)

Health Card Number (in case of emergency): \_\_\_\_\_

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

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

2. \_\_\_\_\_ Relationship \_\_\_\_\_ 3. \_\_\_\_\_ Relationship \_\_\_\_\_

Session 3: March 30, 2027 to June 17, 2027; 3:30 p.m. to 6:00 p.m.

Fee: **\$1472.00** Monday to Thursday (42 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 BEFORE 6:00 p.m. sharp. Late pickups will be charged an extra 15 dollars for every fifteen minutes starting at 6:00 p.m.**
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 PROGRAM 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: \_\_\_\_\_