



And



QUEBEC HIGH SCHOOL
945 Belvédère, Québec, Québec G1S 3G2

Principal, Warren Thomson
Vice Principal, JoAnne Arsenaault

Telephone: 418 683-1953
Fax: 418 683-4890

September 2019

Dear Parents,

Quebec High School and Jeffery Hale Community Partners work in partnership to offer an After-school Program. The program offers a safe and structured environment before and after school hours, allowing parents to continue to work regular hours with peace of mind. Students can participate in stimulating educational activities, and it is also a great opportunity for them to keep up with their homework and improve their academics.

Parents must register their child by filling out the attached form. We also ask that you pay in advance. Two options are available:

- 1. Full-time participation** – If you choose this option, your child can attend the After-school program up to five days a week. The cost is two payments of \$200 in November and March, which equals as little as \$2.35 per day.
- 2. Part-time participation** – With this option, your child can attend up to two days a week. The cost is two payments of \$150 in November and March, which works out to as little as \$4.40 per day.

We hope you will make use of this service. If you are having trouble paying the fees, please do not keep your child from attending the program; talk to me or your child's social worker.

For all questions and concerns, please contact me by email at Susana.Meisels@cqsbc.qc.ca or by phone: 418 683-1953.

Yours truly,

Susana Meisels
Special Educator

Over...



And



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After-school Program Registration

Student's name: _____

Parent's name: _____

Contact number: _____

Email address: _____

The After-school Program runs from **7:30 to 8:40 a.m.** and **3:10 to 5:30 p.m.** Please indicate the days and times that your child will attend:

- | | |
|--|--|
| <input type="checkbox"/> Monday _____ to 8:40 | <input type="checkbox"/> Monday 3:20 to _____ |
| <input type="checkbox"/> Tuesday _____ to 8:40 | <input type="checkbox"/> Tuesday 3:20 to _____ |
| <input type="checkbox"/> Wednesday _____ to 8:40 | <input type="checkbox"/> Wednesday 3:20 to _____ |
| <input type="checkbox"/> Thursday _____ to 8:40 | <input type="checkbox"/> Thursday 3:20 to _____ |
| <input type="checkbox"/> Friday _____ to 8:40 | <input type="checkbox"/> Friday 3:20 to _____ |

How will your child be getting home at the end of the day? If you are using STAC (adapted transport), please give us your child's STAC user number:

Parent's signature _____ Date _____

Services for your son or daughter will begin upon reception of this document.