exceptional minds inc.
Adaptive Learning Services

HOMEWORK CLUB

MONDAY & WEDNESDAY

1.5 Hours Between 3:30-6:00PM

Students will have access to homework support in the following areas:

Organization & planning
Typing/ keyboard skills
Task Completion
Assistance with projects
Test/exam preparation
Study Aids/Note taking

4 Week Block $660

*Students must be able to work independently in small group settings

Contact Info:
416-360-5959
info@exceptionalminds.ca
6685 Millcreek Drive, Units 1 & 2
Mississauga
www.exceptionalminds.ca

exceptional minds inc.
Adaptive Learning Services

PROGRAM INFORMATION

Program Schedule:

Homework Club runs on Monday and Wednesday evenings between the hours of 3:30-6pm. Students can sign up in 4 week blocks and access up to 1.5 hours of homework support from our staff every Monday and Wednesday.
Students are encouraged to come in twice per week to allow completion and follow up of tasks/assignments.
*no sessions on holidays but will be rescheduled to the end of each block, either on Monday or Wednesday.

Drop-off and pick-up is at: 6685 Millcreek Drive, Unit 2, Mississauga.

Late Fees:

A late fee of $10/for every 15 minutes will apply for late pick-up.

Items to Bring:

Students should come prepared to receive homework assistance (notebooks, pen/pencil, text books/assignments from school, laptop/charger/mouse, etc.)

Students can bring a peanut-free snack, water bottle, and any necessary medications (please give any medications to your son/daughter's Instructor, along with instructions upon arrival).

Registration:

1. Fill out registration form and send completed registration forms to: sandra@exceptionalminds.ca (indicate Homework Club + student's name in subject header)
2. Submit payment by e-transfer to: accountingservices@exceptionalminds.ca (indicate Homework Club + student's name in the memo field) or provide credit card payment information on registration form

*Registration in advance is recommended as spaces are limited. Secure your child's space to avoid disappointment.

If your child will be late or absent for any sessions, please notify us by email to: scheduling@exceptionalminds.ca or call: 416-360-5959.

***Fees cannot be reduced or refunded due to late arrivals or early departures however any absences or missed sessions can be credited towards future blocks as Homework Club is offered throughout the school year.**

exceptional minds inc.
Adaptive Learning Services

STUDENT INTAKE INFORMATION

First Name: _____ Last Name: _____

DOB: _____ Age: _____ Grade: ____ Gender: M____ F____

Diagnosis: _____ Provided by: _____

Medications: _____

Allergies: _____

Use an Epi-Pen: Yes___ (we require 1 pen)

Health Card No._____

Special diet: _____

Parent/Guardian(s) Information

Father's Name: _____ Father's Cell:_____

Father's email: _____

Address: _____

Mother's Name: _____ Mother's Cell: _____

Mother's email: _____

Address (if different): _____

Emergency Contact Information

Name: _____Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Language(s) spoken in the home:

1. _____ 2. _____

Sibling's Name(s) and DOB(s):

1. _____ _____

2. _____ _____

exceptional minds inc.
Adaptive Learning Services

Funding

Funding sources (check all that apply):

☐ Access OAP – Please provide Student's Access OAP #: _____
☐ Special Services at Home funding
☐ Passport funding
☐ Private
☐ Other (please specify) _____

Supports and Services (if applicable)

School and/or other placements:
_____
_____

Student's Background Information

Quality of social interactions with peers:

Generally harmonious ☐ Occasional disagreements ☐ Bossy/frequent disagreements ☐
Is your son/daughter able to have a 2-way conversation with family members/peers?
Yes ☐ No ☐

Skills and interests:

Which games/activities does your son/daughter enjoy playing?
_____
_____

Behavioural Information

Is your son/daughter able to work independently in small group settings? Yes ☐ No ☐
Has your son/daughter had any behavioural challenges in the last 90 days? Yes ☐ No ☐
If yes, please explain/describe:
_____
_____
_____

Are there any known environmental triggers that cause your son/daughters behaviors? (i.e. loud noises, dark rooms, bright lights...etc.)
_____
_____
_____

Student's Goals to address in Homework Club:
1. _____
2. _____
3. _____

exceptional minds inc.
Adaptive Learning Services

2024 HOMEWORK CLUB PROGRAM

Student's Name: _____

Start Date: _____

Session Start Time: _____

Medical Consent Statement:

I have provided Exceptional Minds Adaptive Learning Services with all necessary medical information for my son/daughter and can be reached at the number(s) listed above. I authorize staff to administer first aid to my son/daughter in an emergency as deemed appropriate by the attending physician(s).

Consent and Liability Waiver Form:

I give consent for my son/daughter to participate in various activities during scheduled sessions with Exceptional Minds Adaptive Learning Services. I agree that the choice to participate in these activities brings with it the assumptions of those risks and results, which are part of these activities. I agree that Exceptional Minds Adaptive Learning Services shall not be liable for any injury to my son/daughter, loss and/or damage to my son/daughter's personal property arising from my son/daughter's participation in these activities.

Parent's Name:_____ Date: _____

Parent's Signature:_____

exceptional minds inc.
Adaptive Learning Services

Policy

·Cancellation Policy: Fees are non-refundable if less than 7 days notice is given.
·Late Fees: A late fee of $10/student for every 15 minutes will apply for late pick up.
·Fees cannot be reduced or refunded due to late arrivals or early departures however absences or missed sessions can be credited towards next block of sessions.
·Students who exhibit inappropriate language and/or behaviors or require 1:1 support will not be permitted to stay in the program – please inquire about our 1:1 ABA services.

*Regular attendance is required to achieve maximum progress.

Payment

Payment can be made by e-transfer or cc. Please select payment type:

☐ E-TRANSFER to: accountingservices@exceptionalminds.ca

☐ CREDIT CARD
Name on Card _____
Card # _____
Expiry Date _____ 3-Digit Security Code _____
Name: _____ Date: _____
Signature: _____