MSIP ROOTS UP COLOUR LOGO

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***1008 Wall St, Winnipeg, MB R3G 2V3 Ph: 204 949-1858***

**Registration Form for the 2020-2021 After School Program**

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| --- | --- | --- | --- | --- | --- | --- |
| **PERSONAL INFORMATION** | | | | | | |
| Last Name (Legal) First Name (Legal) Middle Name or Initial | | | | | | Gender  Male  Female |
| Mailing Address–Street Postal Code, City or Town Province    R  **Winnipeg** MB | | | | | | |
| Contact Numbers:  Home**:**  Cell phone**:** | | | | | Birth Date:  Month / Day /Year | |
| Manitoba Health Card #(6 digits):  🗌🗌🗌 - 🗌🗌🗌 | PHIN #(9 digits):  🗌🗌🗌 - 🗌🗌🗌- 🗌🗌🗌 | | Is there any medical or allergy information we  should know about?  No  Yes, if so, please  state:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Country of Origin: | | Date Entered into Canada if Permanent Resident:  Month / Day /Year | | Immigration ID (Permanent Resident Card) #:  🗌🗌🗌🗌 - 🗌🗌🗌🗌 | | |
| First Language Spoken (if not English): ……………………………………………………………… | | | | | | |
| Name of school: Grade: Room # | | | | | | |

|  |  |  |
| --- | --- | --- |
| **EMERGENCY CONTACT PERSON,** (who can we contact in case of emergency) | | |
| Name of Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Daytime Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Parental Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| \*Note: Due to the impact of COVID-19, programming this year will require safety precautions that may impact group size and activities. Appropriate safety measures will be enforced such as social distancing during programing. We appreciate your cooperation and understanding in ensuring the safety of all participants.  I………………………………………………………………………. (Parent / Guardian) hereby give my permission to my child …………………………………………………………… (Child’s name) to participate in The Peaceful Village After School Program and to attend various activities organized by The Peaceful Village within Winnipeg, Manitoba.  I also give permission to access (his/her) academic progress report from the school for the program’s uses. | | |
| Signature of Student: |  | Date |
| Signature of Parent/Guardian: |  | Date |

**Office use only**

**Manitoba Education Number: (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)**

**Returning: Yes/No**

**Equity group: Indigenous, Newcomer, Refugee or Disability**

**Date received: (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)**

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**The Peaceful Village**

**@thepeacefulvillageprogram**