



# Registration Form for the 2025/2026 After School Program

1008 Wall St, Winnipeg MB R3G 2V3

(204) 949-1858

#

## PERSONAL INFORMATION

First Name (Legal) Last Name (Legal) Middle Name or Initial Gender at Birth  
☐ Male ☐ Female

### Mailing Address

Apartment # Number Street Name Postal Code City or Town Province  
Winnipeg MB

Number of years in program (if applicable): Date of Birth: (DD/MM/YY)  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Student Contact

Phone: Email:

### Parent/Guardian Contact

Name: Number: Email: Alternate Number:

Name of School: Grade: Room # (if applicable):

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: \_\_\_\_\_

|                                                                                                                                                                                                                                                        |                                                                                                                               |                                                                                         |                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------|
| Select One:<br><input type="checkbox"/> Permanent Resident<br><input type="checkbox"/> International Student                                                                                                                                           | <input type="checkbox"/> Indigenous<br><input type="checkbox"/> Refugee Claimant<br><input type="checkbox"/> Canadian Citizen | Country of Origin:                                                                      | First Language Spoken<br>(if not English): |
| Immigration ID (PR# or UCI#):<br><input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |                                                                                                                               | Date Entered into Canada if Permanent Resident:<br>____ / ____ / ____<br>Month Day Year |                                            |

### EMERGENCY CONTACT PERSON (Who can we contact in case of emergency)

Name of Contact: Relationship to you: Phone: Alternate Phone:

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 Program within Winnipeg, Manitoba.

I also give permission to access (his/her) academic progress report from the school for the program's uses.

|                                                                                                                                                                  |                                                                                                                                                                                                                                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Signature of <b>Student</b> :                                                                                                                                    | Date:                                                                                                                                                                                                                                                        |
| Signature of <b>Parent/Guardian</b> :                                                                                                                            | Date:                                                                                                                                                                                                                                                        |
| Office use only<br>Manitoba Education Number: _____<br>Returning: Yes / No<br>Equity group: Indigenous / Newcomer / Refugee / Disability<br>Date received: _____ | Follow us on Social Media!<br>The Peaceful Village  <br>@thepeacefulvillageprogram |

# Student Media Release Consent Form



***Please ensure one box is initialed for Part 1 and one box is initialed for Part 2 of this form.***

## **Part 1 - Events**

I, \_\_\_\_\_, hereby agree and give permission for the Manitoba School Improvement Program Inc. (MSIP), The Peaceful Village and/or MSIP partners/funders to record, film, photograph, audiotape or videotape my/my child's name, image, student work, and performance (hereinafter collectively referred to as "Works") and to display, publish or distribute these Works for the purpose of publishing, posting on the MSIP website, posting in schools, posting on social media sites and/or for broadcasting on television or radio as determined by the MSIP.

I hereby waive any right to approve the use of these Works now or in the future, whether the use is known to me or unknown, and I waived any right to any royalties related to the use of these Works. I understand that the Works may appear in electronic form on the Internet or in other publications outside of the MSIP's control. I agree that I will not hold the MSIP responsible for any harm that may arise from such unauthorized reproduction.

\_\_\_\_\_ Please initial here if you **AGREE** that your child may participate in recorded MSIP/school events and MSIP hosted events as described above. (See Part 2 below)

\_\_\_\_\_ Please initial here if you **DO NOT WISH** your child to participate in recorded MSIP/school events and MSIP hosted events.

## **Part 2 - Media Specific**

I also understand that external media organizations may attend school events. I give permission for my/my child's name, image, student work, and performance to be photographed, filmed, audio-taped or videotaped for the purpose of being published and/or broadcast case on-line, on television or radio.

\_\_\_\_\_ Please initial here if you **AGREE** that your child may participate in media events that may be published or broadcast by organizations external to the Manitoba School Improvement Program or The Peaceful Village.

\_\_\_\_\_ Please initial here if you **DO NOT WISH** your child to be photographed, filmed, audio-taped or videotaped at media events.

I have read this Student Media Release Consent Form and I fully understand the content and meaning of this release. I understand that I am free to contact the Director of the Peaceful Village Program (204) 949-1858 with any questions regarding this release.

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_

Student's Signature (If 18 years of age or older): \_\_\_\_\_

Parent's/Guardian's Name: \_\_\_\_\_

Parents'/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(If student is a minor - under the age of 18)