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The Peaceful Village
@thepeacefulvillageprogram

Adult EAL Class 2026/2027 Registration Form

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

The Peaceful Village Program
Roots Up

Personal Information:

Last Name (Legal)	First Name	Middle or Initial	Gender (Check) ☐ Male ☐ Female
Mailing Address- Street or box #	City/Town	Province	

Postal Code	Telephone (Home)	Telephone (Work)	Cell Phone	Birth Date Year ___ Month ___ Day____

Country Of Origin: _____ First Language: _____	Immigration or PR# (8digits) _____	Date of Entry (If Permanent Resident) Y_____M_____D_____
Name Of School		
Benchmark:		

Emergency Contact

Name _____

Relationship To You _____

Daytime Phone _____

Alternative Phone _____

Health Status

Manitoba Health Care # (6digits)_____

PHIN # (9digits) _____

Is there any medical or allergy information we should know about?

_____

_____

Signature Of Student	Date