Registration Form

2026/2027 The Peaceful Village 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:
☐ Permanent Resident ☐ Indigenous
☐ International Student ☐ Refugee Claimant
☐ Canadian Citizen

Country of Origin:

First Language Spoken (if not English):

Immigration ID (PR# or UCI#): ☐☐-☐☐☐☐-☐☐☐☐

Date Entered into Canada if Permanent Resident: _____ / _____ / _____ (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) acadamic 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 / Disability

Date received: _____

Follow us on Social Media!

The Peaceful Village

@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 The Peaceful Village Program (TPV) and/or TPV 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 TPV website, posting in schools, posting on social media sites and/or for broadcasting on television or radio as determined by the TPV.

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 TPV's control. I agree that I will not hold the TPV responsible for any harm that may arise from such unauthorized reproduction.

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

_____ Please initial here if you **DO NOT WISH** your child to participate in recorded TPV/school events and TPV 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 The Peaceful Village Program.

_____ 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)