



# Registration Form for the 2021-2022 After School Program

#

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

## PERSONAL INFORMATION

|                   |                    |                        |                                                                         |
|-------------------|--------------------|------------------------|-------------------------------------------------------------------------|
| Last Name (Legal) | First Name (Legal) | Middle Name or Initial | Gender<br><input type="checkbox"/> Male <input type="checkbox"/> Female |
|-------------------|--------------------|------------------------|-------------------------------------------------------------------------|

|                        |             |              |          |
|------------------------|-------------|--------------|----------|
| Mailing Address–Street | Postal Code | City or Town | Province |
|                        | R           | Winnipeg     | MB       |

|                         |                                                    |
|-------------------------|----------------------------------------------------|
| Student Contact Numbers | Birth Date<br>____/____/____<br>Month / Day / Year |
| Home: _____             | Student Cell Phone: _____                          |

|                                                         |                                                   |                                                                                                                                                        |
|---------------------------------------------------------|---------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| Manitoba Health Card # (6 digits):<br>□ □ □ □ - □ □ □ □ | PHIN # (9 digits):<br>□ □ □ □ - □ □ □ □ - □ □ □ □ | Is there any medical or allergy information we should know about? <input type="checkbox"/> No <input type="checkbox"/> Yes, if so, please state: _____ |
|---------------------------------------------------------|---------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                        |                                                                                         |                             |
|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-----------------------------|
| Immigration ID (Permanent Resident Card) #:<br>□ □ □ □ □ □ - □ □ □ □ □ □<br>Canadian Citizen: <input type="checkbox"/> | Date Entered into Canada if Permanent Resident:<br>____/____/____<br>Month / Day / Year | Country of Origin:<br>_____ |
|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-----------------------------|

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 programming. 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: |

|                                                           |
|-----------------------------------------------------------|
| <b>Office use only</b>                                    |
| Manitoba Education Number: ( _____ )                      |
| Returning: Yes/No                                         |
| Equity group: Indigenous, Newcomer, Refugee or Disability |
| Date received: ( _____ )                                  |

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## 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 my 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 waive 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 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 contents and meaning of this release. I understand that I am free to contact the Director of the Peaceful Village (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: \_\_\_\_\_

Parent’s/Guardian’s Signature \_\_\_\_\_ Date: \_\_\_\_\_

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