

LRSD FAMILY CENTRE REGISTRATION FORM

Date: _____ School _____

Family Centre Information

Family Centres provide support for parents raising young children. Parents learn about healthy eating and positive parenting through programming and talking with other parents. Early learning, literacy development and the opportunity to enjoy physical activities with their children are all a part of Family Centre programming.

Family Centres plan their programming in response to the interests of the families in their community; children have fun learning through exploration, and play while parents connect, share, and learn from one another.

The personal information that you provide on the Family Centre registration form will remain confidential. It will be used by staff to contact you as needed and to plan and respond to the needs of children attending the Centre. It is the expectation that the parent/guardian attending the Family Centre with their child(ren) will be responsible for their direct supervision.

Demographic Information

Student's **LEGAL NAME** (as it appears on the student's birth certificate and/or passport):

Legal Last Name	Legal First Name	Legal Middle Name
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Student's Former Surname (if applicable): _____

Gender (as it appears on birth certificate): Male Female Non-Binary Date of Birth: _____
Month / Day / Year

Preferred Gender: Male Female Non-Binary

Student Address Information

Student resides with: Parents Mother Father Legal Guardian Foster Home

Other, please specify: _____

Student Home Address: _____
House # Street Apt Postal Code City

Mailing Address (if different from street address): _____

Student Home Phone Number _____

Languages Spoken and Citizenship

Student's First Language: English French Other: _____

Language(s) spoken at home: English French Other, please specify (example: Arabic, Hindi, Tagalog):

1. _____ 2. _____ 3. _____

Country of Birth: Canada Other, please specify: _____

Country of Citizenship: Canada **Other, please specify: _____

Ancestral / Cultural Information (Providing this personal information is voluntary and optional).

The purpose of this information is to better meet students' needs and to help with Division program planning. (It is being collected in compliance with section 36(1)(b) of the Freedom of Information and Protection of Privacy Act as it is necessary for and relates directly to the activity of Manitoba and school divisions to plan, deliver, and improve programs.) If you have any questions regarding the collection of this personal information, please contact the school principal.

Aboriginal/Indigenous Identity Declaration - Authorization and Statement of Understanding

Aboriginal Identity Declaration helps to support the efforts of Manitoba Education and Training and school divisions to plan and improve programs in a way this is responsive to Aboriginal learners.

Is your child an Aboriginal person, that is, First Nation (North American Indian), Métis, or Inuk (Inuit)?

Note: First Nations (North American Indian) include Status and Non-Status Indians. If "Yes", mark the square(s) that best describe your child now:

Yes, First Nation (North American Indian) Yes, Métis Yes, Inuk (Inuit)

Linguistic and cultural groups – there are seven cultural/linguistic groups to choose from.

Respondents may indicate up to two choices.

Which best describes your child's Aboriginal cultural/linguistic identity? Please select up to two choices:

Anishinaabe (Ojibway/Saulteaux) Ininiw (Cree) Dene (Sayisi)
 Dakota Oji-Cree Michif
 Inuktitut Other _____

Non-Aboriginal/Indigenous Ancestral / Cultural Identification Declaration

This information is being collected under the authority of the Education Administration Act and applicable regulations will be used to determine ancestral/cultural identities for statistical analysis and program planning in the Louis Riel School Division.

Ancestral or Cultural Identity (select up to 4)

- Indigenous (e.g., First Nations, Métis, Inuit, Anishinaabek, Ininewak, and Dakota, Cree, Oji-Cree, Dene, etc.)
- Black, African, Caribbean, or Afro-Caribbean (e.g., Jamaican, Nigerian, Ethiopian, Somalian, etc.)
- East Asian (e.g., Chinese, Korean, Japanese, Mongolian, Taiwanese, etc.)
- South American (e.g., Hispanic, Latino, Mexican, Haitian, Dominican, etc.)
- Middle Eastern or North African (e.g., Arab, Iranian, Syrian, Lebanese, Egyptian, Turkish, etc.)
- South Asian (e.g., Indian, Bangladeshi, Pakistani, etc.)

- Southeast Asian (e.g., Filipino, Thai, Vietnamese, Indonesian, etc.)
- Oceanian or Pacific Islander (e.g., Hawaiian, Samoan, Tongan, Fijian, New Guinean, Polynesian, etc.)
- Central Asian (e.g., Afghan, Kazakh, Kyrgyz, Tajiks, Uzbeks, etc.)
- White (e.g., European, Northern/Southern European, Eastern/Western European, Irish, Polish, Greek, French, Italian, Icelandic, Norwegian, etc.)

Student Health Details

Manitoba Medical Numbers: _____
Student Personal Health Insurance Number (9-digit) Family Health Insurance Number (6-digit)

Child's Doctor: _____ Phone Number: _____

The Family Centre must be aware of any health condition and ongoing prescribed medications. (This section is required for programming in the Family Centre where the parent/guardian is not in attendance.)

Does the student have a diagnosed health condition?

Asthma Inhaler Yes No

Allergy: _____ Epipen? Yes No

Diabetes Hard of Hearing Seizures Vision

Other, please specify: _____

Medic Alert membership? Yes No If yes, membership number: _____

Comments regarding health condition: _____

Dietary Restriction (vegan, halal, etc.): _____

Emergency Medical Procedures (Please read this carefully)

If your son/daughter/custodial child becomes seriously ill or injured at the Family Centre, or while on a Family Centre related activity, when you are not attending with your child, Family Centre staff will make every effort to notify you to request your instructions.

If Family Centre staff are unable to contact you, or the nature of the illness or injury does not permit delay, we will transfer your son/daughter/custodial child (by car or ambulance, as appropriate) to the nearest medical facility.

Emergency treatment will occur as deemed necessary by the medical facility.

Emergency Contacts

This section to be filled out for programming in the Family Centre where the parent/guardian is not in attendance.

If the listed Parent(s)/Guardian(s) are unavailable during an emergency, the school should call:

Emergency Contact 1 Contact's relationship to student:

Grandmother Grandfather Aunt Uncle Friend Neighbour Brother Sister

Other, please specify: _____

Last name: _____ First Name: _____

Home Phone: _____ Personal Cell Phone: _____

Is this person allowed to pick up this student? Yes No (This question applies to programming in the Family Centre where the parent/guardian is not in attendance.)

Emergency Contact 2 Contact's relationship to student:

Grandmother Grandfather Aunt Uncle Friend Neighbour Brother Sister

Other, please specify: _____

Last name: _____ First Name: _____

Home Phone: _____ Personal Cell Phone: _____

Is this person allowed to pick up this student? Yes No (This question applies to programming in the Family Centre where the parent/guardian is not in attendance.)

Custody Information

Custody Status: Both Parents Joint Mother Father Legal Guardian Foster Parent(s) CFS

Other, please specify: _____

Custody Arrangement: _____

*Please note copy of legal documents **may** be requested.

Joint Custody - Additional Student Address

Mother Father Legal Guardian

Additional Student Address: _____
House # Street Apt Postal Code City

Mailing Address (if different from street address): _____

Additional Student Home Phone: _____

Siblings Attending or Registering for School(s) in the Louis Riel School Division

Name	Birthdate	School
Name	Birthdate	School
Name	Birthdate	School
Name	Birthdate	School

Public Relations Release

The Louis Riel School Division (LRSD) wants to respect your wishes regarding different types of public relations initiatives that include students:

1. Internal
 - Divisional updates of print and digital material that is circulated within the division
2. External
 - Divisional updates of print material to inform our community
 - Requests by media for interviews, photographs and/or video footage of school and/or divisional events
 - Divisional and school updates on our website and Divisional/school based social media

Conditions

- All signed releases are valid until otherwise specified in writing
- Parental cancellation of permission applies only to materials/media produced after the cancellation date, upon the written request of the parent for such cancellation

As the parent/legal guardian of this student, I grant the Louis Riel School Division my permission to reproduce, exhibit, broadcast and distribute through printed, audio, visual or electronic means, my child's photograph, video image, work samples or quotations for the following purposes:

- Yes No Divisional updates of print and/or digital material
- Yes No Requests by media for interviews, photographs and/or video footage of school and/or divisional events
- Yes No Divisional and school updates via websites (Division and school sites)
- Yes No Divisional and school updates via social media

Parent / Guardian Signature

I have read the Student Registration Form and certify all information completed to be true. I will provide the school with updated information as circumstances change (i.e.: address information, contact information, health care needs, etc.).

Date: _____ Parent/Guardian Signature: _____

