

Date:____

Louis Riel School Division 900 St. Mary's Road, Winnipeg, Manitoba R2M 3R3

Phone: (204) 257-7827 Fax: (204) 256-8553 <u>www.lrsd.net</u>

School _____

LRSD FAMILY CENTRE REGISTRATION FORM

Family Centre Information
Family Centres provide support for parents raising young children. Parents learn about healthy eating and positive parentin
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
Student's Former Surname (if applicable):
Gender: (as it appears on birth certificate): Male ☐ Female ☐ Non-Binary ☐ Date of Birth:
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
Parent/Guardian Contact Information
First and Last Name:

Contact Phone Number:					
Email Address:					
Languages Spoken and Citizenship					
Student's First Language:	☐ French ☐ Other:				
Language(s) spoken at home:	sh French [☐ Other, please specify (exa	mple: Arabic, Hindi, Tagalog):		
1	2	3			
Country of Birth: Canada Cother, pl	ease specify:				
Country of Citizenship: Canada **C	Country of Citizenship: Canada **Other, please specify:				
Ancestral / Cultural Information (Providence of the Informatio	ling this personal informa	tion is voluntary and optio	nal).		
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 Declara	tion - Authorization and S	tatement 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:					
	on (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 Aborigin	al cultural/linguistic identity?	Please select up to two cho	pices:		
☐ Anishinaabe (Ojibway/Saulteaux)	☐ Ininiw (Cree)	☐ De	ne (Sayisi)		
☐ Dakota	☐ Oji-Cree	☐ Mic	chif		
☐ Inuktitut	Other				
Indigenous Ancestral /Cultural Identific	cation 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.)
Cceanian 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) 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.)
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Does the student have a diagnosed health condition?
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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? Tes 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? Tes 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):			

Siblings Attend	ding or Registering for School(s)	in the Louis Riel School Divisior	
Name		Birthdate	School
that include stude 1. Internal • Dir 2. External • Dir • Re • Dir Conditions • All • Pa	chool Division (LRSD) wants to respents: visional updates of print and digital revisional updates of print material to it equests by media for interviews, phosphores by the print water on our visional and school updates on our visional releases are valid until other	naterial that is circulated within the nform our community tographs and/or video footage of swebsite and Divisional/school base rwise specified in writing plies only to materials/media produch cancellation	e division school and/or divisional events and social media succed after the cancellation date, upor
broadcast an	nd distribute through printed, audio, vuotations for the following purposes	visual or electronic means, my child	·
Yes N	Divisional updates of print and/	or digital material	
Yes N	o Requests by media for interview	ws, photographs and/or video foota	age of school and/or divisional events
☐ Yes ☐ N	o Divisional and school updates v	via websites (Division and school s	ites)

Parent / Guardian Signature

I have read the Student Registration Form and certify all information completed to be true.

Additional Student Home Phone:

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:			