



Registration Form

(Please Print)

Parent/Guardian/Applicant

First Name		Last Name		Other Names Used	
Phone number <i>Home:</i> () - - - - - <i>Cell:</i> () - - - - - <i>Other:</i> _____				Email	
Address <input type="checkbox"/> Temporary Address			City		Postal Code
PR #/UCI Number	Date of Birth (yyyy/mm/dd) □□□□ □□ □□	Date of Entry into Canada (yyyy/mm/dd) □□□□ □□ □□		Gender	
Country of Origin	Immigration Category <input type="checkbox"/> Refugee (GAR) <input type="checkbox"/> Refugee (PSR) <input type="checkbox"/> Permanent Resident (IMM) <input type="checkbox"/> Refugee (Claimant) <input type="checkbox"/> Temporary Foreign Worker <input type="checkbox"/> International Student <input type="checkbox"/> Visitor <input type="checkbox"/> Other _____				
First language	Other languages	Official Language Preference <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Unknown/No Preference			
Name of Current School	Referred By: <input type="checkbox"/> School _____ <input type="checkbox"/> Other Settlement Provider _____ <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Not Referred		Allergies, Dietary or Health Concerns <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes please explain)		

*Would you like to register other family members?** Yes No - if yes please fill out the information below
 * Only include spouse/common law and dependents under 18.

Client 1					
First Name		Last Name		Relationship to Main Registrant	
Imm Category <input type="checkbox"/> Same as main registrant		Name of Current School			
Phone <input type="checkbox"/> Same as main registrant	Address <input type="checkbox"/> Same as main registrant		Email <input type="checkbox"/> Same as main registrant		
PR #/UCI Number	Date of Birth (yyyy/mm/dd) □□□□ □□ □□	Date of Entry into Canada <input type="checkbox"/> Same as main registrant (yyyy/mm/dd) □□□□ □□ □□			
Gender	Allergies, Dietary or Health Concerns <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes please explain)		Note:		

Client 2					
First Name		Last Name		Relationship to Main Registrant	
Imm Category <input type="checkbox"/> Same as main registrant		Name of Current School			
Phone <input type="checkbox"/> Same as main registrant	Address <input type="checkbox"/> Same as main registrant		Email <input type="checkbox"/> Same as main registrant		
PR #/UCI Number	Date of Birth (yyyy/mm/dd) □□□□ □□ □□	Date of Entry into Canada <input type="checkbox"/> Same as main registrant (yyyy/mm/dd) □□□□ □□ □□			
Gender	Allergies, Dietary or Health Concerns <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes please explain)		Note:		

Client 3					
First Name		Last Name		Relationship to Main Registrant	
Imm Category <input type="checkbox"/> Same as main registrant		Name of Current School			
Phone <input type="checkbox"/> Same as main registrant	Address <input type="checkbox"/> Same as main registrant		Email <input type="checkbox"/> Same as main registrant		
PR #/UCI Number	Date of Birth (yyyy/mm/dd) □□□□ □□ □□	Date of Entry into Canada <input type="checkbox"/> Same as main registrant (yyyy/mm/dd) □□□□ □□ □□			
Gender	Allergies, Dietary or Health Concerns <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes please explain)		Note:		

Client 4			
First Name	Last Name	Relationship to Main Registrant	Imm Category <input type="checkbox"/> Same as main registrant
Phone <input type="checkbox"/> Same as main registrant	Address <input type="checkbox"/> Same as main registrant	Email <input type="checkbox"/> Same as main registrant	Name of Current School
PR #/UCI Number	Date of Birth (yyyy/mm/dd) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date of Entry into Canada <input type="checkbox"/> Same as main registrant <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (yyyy/mm/dd)	
Gender	Allergies, Dietary or Health Concerns <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes please explain)	Note:	

Client 5			
First Name	Last Name	Relationship to Main Registrant	Imm Category <input type="checkbox"/> Same as main registrant
Phone <input type="checkbox"/> Same as main registrant	Address <input type="checkbox"/> Same as main registrant	Email <input type="checkbox"/> Same as main registrant	Name of Current School
PR #/UCI Number	Date of Birth (yyyy/mm/dd) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date of Entry into Canada <input type="checkbox"/> Same as main registrant <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (yyyy/mm/dd)	
Gender	Allergies, Dietary or Health Concerns <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes please explain)	Note:	

In case of emergency and we cannot reach parent/guardian, who can we contact:

Emergency Contact Name	Relationship	Emergency Contact Phone

Confidentiality

N.E.E.D.S. Inc. is funded by Immigration, Refugees and Citizenship Canada (IRCC) and the Government of Manitoba. We partner with many different organizations to ensure the successful settlement and integration of the newcomer children and youth. N.E.E.D.S. Inc. will share your personal and service information with IRCC and the Government of Manitoba to better meet the needs of newcomers. All the personal information you provide is kept confidential and will not be used for any other purpose without consent. You have a right to view this information at any time. Furthermore, by signing below you acknowledge that you have been presented with, read and understand the content of the IRCC Gathering Information Pamphlet. Your personal information will be entered into our electronic database and may be used by any or all the services at the N.E.E.D.S. Inc. This information may also be used by the N.E.E.D.S. Inc. to contact you in the future. By signing below, you confirm that you have read and understood which information is being collected and what it is being used for.

Consent

- YES NO I consent to allow the exchange of information about my child's/myself participation in program between N.E.E.D.S. Inc., their school and other required partners.
- YES NO **Media & Publication Consent:** I consent to the publishing of photos, videos and recordings of my child/ myself which include media publications, interviews, social media and advertising material for the agency.
- YES NO I consent for my child/myself to go on field trips with the program.
- YES NO I consent to receiving emails, newsletters, and other electronic communications from N.E.E.D.S. Inc.

If you wish to exclude any family members from the above consent, please indicate their name and consent statement(s) being excluded:

I agree for my child(ren) and/or myself to participate in N.E.E.D.S. Inc. Programs.

Print your full name _____ Signature _____ Date _____
(Parent, or client if 18 or older) (yyyy/mm/dd)

To be completed by NEEDS staff	<p><u>Verbal/Online Consent*</u> *Use only if an in-person consent cannot be obtained</p> <p>The content of this registration form was discussed with the parent/guardian/applicant, who acknowledges and agrees to the above conditions and provides their consent verbally/online.</p> <p>Name of the Parent/Guardian/Applicant providing verbal consent _____</p> <p>Name of Staff: _____ Staff Signature: _____ Date: _____</p>
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Office Use Only	<p>Form completed by:</p> <p>Name of staff: _____ Program: _____ Date: _____</p>
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