Parent/Guardian/Applicant

Office Use Only	File Number	

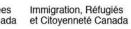
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Registration Form (Please Print)

First Name	Last Name		Other Names Used			
Phone number			Email			
Home: ()	Cell: () Oth	er:				
Address Temporary Address	s	City	Postal Code			
PR #/UCI Number	Date of Birth (yyyy/mm/dd) Date	 ate of Entry into Canada	(sees/mm/dd) Condor			
FR #/OCI Nullibel		Date of Birtif (yyyyiniin) da) Date of Entry into Carlada				
Country of Origin						
First language	Other languages	nguages Official Language Preference English French Unknown/No Preference				
Name of Current School R	eferred By: School School Other Settlement Provider Other (Specify)	Yes 🗌	Dietary or Health Concerns 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 Registra	Imm Category Same as main registrant			
Phone Same as main registrant	Address Same as main registrant	Email Same as main regis	Name of Current School			
PR #/UCI Number Date of Birth(yyyy/mm/dd) Date of Entry into Canada (yyyy/mm/dd) (yyyy/mm/dd)						
	Allergies, Dietary or Health Concerns Yes No (if yes please explain)					
Client 2						
First Name	Last Name	Relationship to Main Registra	Imm Category Same as main registrant			
Phone Same as main registrant	Address Same as main registrant	Email Same as main regis	Name of Current School			
			Canada Same as main registrant (yyyy/mm/dd)			
	ietary or Health Concerns o (if yes please explain)	Note:	, ,,,,,			
Client 3						
First Name	Last Name	Relationship to Main Registra	Imm Category Same as main registrant			
Phone Same as main registrant	Address Same as main registrant	Email Same as main regist	rant Name of Current School			
PR #/UCI Number Date of Birth(yyyy/mm/dd) Date of Entry into Canada Same as main registrant (yyyy/mm/dd) (yyyy/mm/dd)						
	Allergies, Dietary or Health Concerns Yes No (if yes please explain) Note:					









First Name			st Name	Relationship to Main Registrant		Imm Category Same as main registrant	
Phone Same	as main reg	gistrant Ad	dress Same as main registran	Email [Same as main registrant	Name of Current School	
PR #/UCI Num	ber	I	Date of Birth(yyyy/mm,	/dd)	Date of Entry into Car	nada Same as main registrant (yyyy/mm/dd)	
Gender	Allero	Allergies, Dietary or Health Concerns Yes No (if yes please explain)					
First Name		Las	st Name	Relations	ship to Main Registrant	Imm Category Same as main registrant	
Phone Same	as main reg	gistrant Ad	dress 🗌 Same as main registran	Email [Same as main registrant	Name of Current School	
PR #/UCI Num					nada Same as main registrant (yyyy/mm/dd)		
Gender	Allero	Allergies, Dietary or Health Concerns Yes No (if yes please explain)					
In case of emer	nency an	nd we cann	not reach parent/guardian, v	who can w	e contact:		
Emergenc			Relationsh			ncy Contact Phone	
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						
			(F	arent, or chent	ii 18 or older)	(yyyy/mm/dd)	
	Verbal	Online C	onsent*		*Use only if an in-p	person consent cannot be obtained	
To be completed	Verbal/Online Consent* 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.						
by NEEDS staff	Name of the Parent/Guardian/Applicant providing verbal consent						
	Name o	of Staff	Staff S	Signature:		Date:	
			npleted by:				
Office Use O	$_{nlv}$	FOLITI CON	iipieteu by:				
Na		Name of s	staff: P	rogram:	[Date:	