

SWIS After-School-Program



Registration Form

Dear Parent or Guardian,

Your child is participating in a program led by the Settlement Workers in Schools (SWIS), who are employees of the Eastman Immigrant Services (EIS) in Steinbach. For the purposes of data collection, to improve settlement programs in schools, and in case of an emergency, EIS is requesting the following information about your child, the parent/ guardian, and the emergency contact.



Information on the child

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| Name of the Child (Last, First) _____ | Country of Origin _____ |
| Date of Birth (YYYY-MM-DD) ____ -- ____ -- ____ | Date of Arrival in Canada (YYYY-MM-DD) ____ -- ____ -- ____ |
| Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | Status in Canada _____ |
| Manitoba Health Card _____ (6 Digit Number) _____ (9 Digit Number) | UCI # (I.D. Number on PR Card) _____ |
| Address _____ | Languages spoken at home _____ |

Information on the Parent/ Guardian and the Emergency Contact

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|---|--|
| Parent/ Guardian Name (Last, First) _____ | Emergency Contact's Name (Last, First) _____ |
| <input type="checkbox"/> Phone <input type="checkbox"/> Mobile 1 (____) _____ -- _____ | <input type="checkbox"/> Phone <input type="checkbox"/> Mobile 1 (____) _____ -- _____ |
| Email _____ | Email _____ |
| Status in Canada _____ | The emergency contact will only be contacted in case the parent/ guardian was unavailable. |



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|---|--|
| UCI # (I.D. Number on PR Card) _____ | |
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| <input type="checkbox"/> I give my consent for SWIS to take photos or videos of my child | | |
| <input type="checkbox"/> I give my consent for SWIS to use these photos or videos for promotional purposes (on their social media, webpage, etc.) | | |
| Are there any medical condition that SWIS needs to be aware of? (e.g., allergies) _____ | | |
| <p>I, the parent or legal guardian, agree for my child to participate in the SWIS programs and remain in the custody of an Eastman Immigrant Services (EIS) representative (incl. SWIS) while participating in the activities.</p> <p>I understand that there may be risks involved in my child's participation of any activities organized by the Settlement Workers In Schools (SWIS) and/ or the Eastman Immigrant Services (EIS), and fully assume risks on his or her behalf.</p> <p>Also, if my child has an injury; a condition that will endanger his/her life; food allergy reaction; and/ or pain if medical treatment is delayed, and, if the EIS representative (incl. SWIS) has not been able to contact me or the Emergency Contact, I appoint an EIS representative (incl. SWIS) to act for me and in my name to make decisions for my child concerning his/her: personal care, medical treatment, hospitalization, and/or health care. Once I have been contacted regarding my child's situation, this agreement is no longer valid.</p> <p>I will not hold the Eastman Immigrant Services (EIS), their representative the Settlement Workers In Schools (SWIS), the Steinbach Chamber of Commerce, or any volunteers, responsible in the event of injury or death.</p> <p>I, give my consent for my child to participate in the SWIS program and remain in the care of an Eastman Immigrant Services (EIS) worker (incl. SWIS) while participating in the activities.</p> <p>_____</p> | | |
| Name (please print) | Signature | Date |

