

# AFTER SCHOOL ACTIVITY



EVERY THURSDAY FROM 4PM TO 5PM  
MEET AT THE GYM

# Settlement Workers in Schools

## Consent form for After School Program

First name		Last name	
Other names used	Contact / Emergency Person	Emergency Person's Phone Number	
Address		City	Postal Code
Cell phone	Home phone	Email	
Manitoba Health Card Number <small>— 6 digits —   — 9 digits —</small>		Birthdate <small>Y Y Y Y — M M — D D</small>	Gender M <input type="checkbox"/> F <input type="checkbox"/>

Name of School	Grade
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Country of origin	First language / Other languages spoken
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Date of entry into Canada <small>Y Y Y Y — M M — D D</small>	English language level Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/>	Immigration Status
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I agree for my child \_\_\_\_\_ to participate in SWIS (EIS) Programs.  
(print child's name)

Allergies, dietary/health concerns and/or medication: \_\_\_\_\_

SWIS (EIS) partners with many different organizations to ensure the successful settlement and integration of the newcomer children and youth we serve. Working together with these organizations and being able to communicate about your child's involvement in many different programs is helpful and can help us better support your child.

YES NO I consent to allow SWIS (EIS) to share information about my child's participation in their programs with their school.

YES NO I consent to allow my child's school to share information with SWIS (EIS)

YES NO I consent to allow SWIS (EIS) staff to conduct school visits with my child at their school to inquire about his/her progress and determine their educational and developmental needs.

YES NO **Media & Publication Consent:** I consent for the publishing of photos, videos and recordings of my child which include media publications, interviews, social media and advertising material for the SWIS (EIS) agency.

YES NO I consent for my child to go on field trips with the program.

YES NO I consent for staff to administer prescription medication (if needed) to my child.

Print your full name \_\_\_\_\_ Relation to the child \_\_\_\_\_

Telephone \_\_\_\_\_ Your language \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_