

StrongStart Registration Form

Please Check the StrongStart Centre(s) You Will Be Attending:

- | | |
|--|--|
| <input type="checkbox"/> Deroche Elementary School | <input type="checkbox"/> Silverdale Elementary School |
| <input type="checkbox"/> Cherry Hill Elementary School | <input type="checkbox"/> West Heights Community School |
| <input type="checkbox"/> École Mission Central Elementary School | <input type="checkbox"/> Windebank Elementary School |



PLEASE NOTE: In addition to completing the registration form, you must provide proof of age documentation. The following are acceptable pieces of documentation: Canadian Birth Certificate, Passport or Visa, Permanent Resident Card, or Other Documents issued by the Ministry. Please complete one registration form per child in your family.

| | | |
|--|--|-------------------------------------|
| LEGAL Last Name: _____ | LEGAL First Name: _____ | LEGAL Middle Name: _____ |
| LEGAL Gender: <input type="checkbox"/> M <input type="checkbox"/> F / Preferred Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other | Date of Birth: _____ | |
| <small>(Required)</small> | <small>(If Applicable)</small> | <small>(MM-DD-YYYY)</small> |
| INDIGENOUS ANCESTRY: <input type="checkbox"/> NO <input type="checkbox"/> YES / If YES , please tick the applicable ancestry below: | | |
| <input type="checkbox"/> Inuit | <input type="checkbox"/> Metis | <input type="checkbox"/> Non-Status |
| <input type="checkbox"/> Status-Off Reserve | <input type="checkbox"/> Status-On Reserve | |
| Band of Origin: _____ | Band of Residence: _____ | |

MEDICAL CONCERNS: Does your child have allergies or a life-threatening medical condition? YES NO

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FIRST CONTACT PARENT/GUARDIAN:

Parent/Guardian Name: _____
(Please Print)

Home Address: _____
(Apt. / House No.) (Street Name) (City, Postal Code)

Home Phone: _____ Cell Phone: _____ Email: _____

SECOND CONTACT PARENT/GUARDIAN:

Parent/Guardian Name: _____
(Please Print)

Home Address: _____
(Apt. / House No.) (Street Name) (City, Postal Code)

Home Phone: _____ Cell Phone: _____ Email: _____

Signature of Parent/Guardian: _____ Date: _____
(DD/MM/YYYY)

Photograph, Video, and Media Consent Form



FILE NO. 1025.15

School Districts must comply with the *Freedom of Information and Protection of Privacy Act* which sets out the privacy rights of individuals and provides regulations on protecting personal information for the public sector.

Mission Public Schools must have consent to collect, use, and publicly release photographs, videos, and audio of students.

PLEASE COMPLETE THE INFORMATION BELOW AND RETURN THIS FORM TO YOUR SCHOOL:

Student names or images may be shared for the following purposes:

1. School Yearbooks

YES, I consent for the release of my child's personal information for the prescribed purpose outlined above.

NO, I do not consent for the release of my child's personal information for the prescribed purpose outlined above.

2. School and/or School District Website, Newsletter, Social Media Sites, or Videotaping in the Classroom and/or During Special Events for Presentation Purposes.

YES, I consent for the release of my child's personal information for the prescribed purpose outlined above.

NO, I do not consent for the release of my child's personal information for the prescribed purpose outlined above.

| | |
|----------------------------|--|
| Student Name: | _____ |
| | (PLEASE PRINT: Usual First and Last Names) |
| School: | _____ |
| Parent/Guardian Name: | _____ |
| | (PLEASE PRINT) |
| Parent/Guardian Signature: | _____ |
| Date: | _____ |
| | (DD-MM-YYYY) |

NOTE: Mission Public Schools does not have control over public events at which individuals voluntarily appear or attend, and external media is present.

The information described above is collected in accordance with **Section 26 (c), (d), and (g)** of the *Freedom of Information and Protection of Privacy Act*. Mission Public Schools must seek consent to disclose personal information for the examples listed above. Questions and concerns should be directed to the School Principal or the District Privacy Coordinator.

This form was last revised: **December 4, 2023.

Mission Public Schools Privacy Officers: Angus Wilson and Corien Becker

Mission Public Schools Privacy Coordinator: Ilona Schmidt

Email: privacy@mpsd.ca