



Adult EAL Class 2024/2025 Registration Form

1008 Wall St, Winnipeg MB R3G 2V3 Ph: 204 949-1858



Personal Information:				
Last Name (Legal)		First Name	Middle or Initial	Gender (Check) <input type="checkbox"/> Male <input type="checkbox"/> Female
Mailing Address- Street or box #		City/Town	Province	
Postal Code	Telephone (Home)	Telephone (Work)	Cell Phone	Birth Date Year ___ Month ___ Day ___
Country Of Origin: _____		Immigration or PR# (8digits)	Date of Entry (If Permanent Resident)	
First Language: _____		_____	Y____M____D_____	
Name Of School				
Benchmark:				

<p style="text-align: center;">Emergency Contact</p> <p>Name _____</p> <p>Relationship To You _____</p> <p>Daytime Phone _____</p> <p>Alternative Phone _____</p>	<p style="text-align: center;">Health Status</p> <p>Manitoba Health Care # (6digits) _____</p> <p>PHIN # (9digits) _____</p> <p>Is there any medical or allergy information we should know about?</p> <p>_____</p> <p>_____</p>
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Signature Of Student	Date
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*Note: Due to the impact of COVID-19, programming this year will require safety precautions that may impact group size and activities. Appropriate safety measures will be enforced such as social distancing during programming. We appreciate your cooperation and understanding in ensuring the safety of all participants.