

StrongStart Registration Form

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

- ☐ Deroche Elementary School
- ☐ Cherry Hill Elementary School
- ☐ École Mission Central Elementary School
- ☐ Silverdale Elementary School
- ☐ West Heights Community School
- ☐ 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: 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: ☐ M ☐ F / Preferred Gender: ☐ M ☐ F ☐ Other			Date of Birth: _____					
(Required)			(If Applicable)			(MM-DD-YYYY)		
Indigenous Ancestry: ☐ YES ☐ NO			(If Yes): Band of Origin: _____			Band of Residence: _____		

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

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-MMM-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:
School:
Parent/ Guardian Name:
Parent/ Guardian Signature:
Date:

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: **September 24, 2021**

Mission Public Schools Privacy Officer: Angus Wilson and Corien Becker

Mission Public Schools Privacy Coordinator: Ilona Schmidt

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