

Client Registration Form

In order to serve you better, we would like to gather some information about you and your family

1. Personal Information

Date	
Name	
Gender	
Date of Birth (DD/MM/YY)	
County of Citizenship	
Immigration Status and #	WP SP PR CC
Immigration Program	AIP, PNP-skilled worker, PNP-Business, TFW, Agri, Caregiver, Refugee, Family Sponsor, Study Abroad Program, Other
Fluent Languages	
Home Phone	
Cellular Phone	
E-Mail	
Mailing Address	
Do you want to receive email regarding MAS events, activities and items of interest? Yes/No	

2. Emergency Contact

Name	
Relationship	
Home Phone	
Cellular Phone	

Attach copy of Immigration document and language testing (if available)

WP - Work Permit
SP - Study permit
PR - Permanent Resident
CC - Canadian Citizen

AIP - Atlantic Immigration Pilot
PNP - Provincial Nominee
TFW - Temporary Foreign Worker
Agri - Agricultural Worker

Client Registration Form

In order to serve you better, we would like to gather some information about you and your family

4. Skills and Interest

Name	
Hobbies or Skills to Share	
Interests	
New Things you want to try in Canada	

5. Needs

What services/help would you like to receive from MAS?	
Do you want to attend language classes - goal	

I understand that all information collected about me is confidential and will not be disclosed except to provide services to me and my family or for statistical purposes to the government . Yes/No

I consent to having photos, videos/audios and other such recordings of me shared through MAS's social media and promotional materials. I also understand that these may appear in the mainstream media or in materials developed through projects with other organizations. Yes/No

Date

Signature

Client Registration Form

In order to serve you better, we would like to gather some information about you and your family

Client Registration Form

In order to serve you better, we would like to gather some information about you and your family

3. Family

Spouse

Name	Date of Birth (DD/MM/YY)	Gender	Country of Citizenship	Languages	Immigration Status	Immigration Number

Phone: _____

Email: _____

Children

Name	Date of Birth (DD/MM/YY)	Gender	Country of Citizenship	Languages	Immigration Status	Immigration Number

Other

Name	Date of Birth (DD/MM/YY)	Gender	Country of Citizenship	Languages	Immigration Status	Immigration Number

Client Registration Form

In order to serve you better, we would like to gather some information about you and your family

Client Registration Form

In order to serve you better, we would like to gather some information about you and your family

Client Registration Form

In order to serve you better, we would like to gather some information about you and your family

| |