

STUDENT REGISTRATION



This personal information is being collected under the authority of The Public Schools Act and will be used for educational purposes. It is protected by the Protection of Privacy provisions of The Freedom of Information and Protection of Privacy Act. If you have any questions about the collection, contact the superintendent of River East Transcona School Division, 589 Roch St., Winnipeg, MB, R2K 2P7, Phone: 204.667.7130.

STUDENT INFORMATION

PLEASE PRINT

School year: 2026-27

School name: Angus McKay School

Applying for Grade _____

Usual LAST name: _____ Usual FIRST name: _____ Usual MIDDLE name: _____

Legal LAST name: _____ Legal FIRST name: _____ Legal MIDDLE name: _____

Legal gender: Male Female Pronouns: _____

Identifying gender (if applicable): Trans male Trans female Two-Spirit Gender non-conforming

Birth date: (mm/dd/yy) _____ Language spoken at home: _____

Home address: Apt. # _____ House # _____ Street: _____

City: _____ Province: _____ Postal code: _____

Box #/Group #/RR #: _____ Student home #: _____ Student cell #: _____

Student Manitoba Medical #: Personal # (9-digit) Family # (6-digit)

Are you a resident of River East Transcona School Division? Yes No (If no, complete and attach a schools of choice application)

Is the student a high school graduate? Yes No Last school attended: _____

If not a Canadian citizen, please identify the CIC (Citizen and Immigration Canada) authority:

A) Permanent resident B) Refugee claimant C) Work permit D) Study permit E) Other _____

Date entered Canada: (mm/dd/yy) _____

OFFICE: A–C are provincially funded students

CONTACT INFORMATION

The following primary and emergency contact information will be used in the event of an emergency or for critical, time-sensitive information using our mass notification system. An email address must be provided for each contact to be able to receive notifications from this system.

Custody: Are there any legal restrictions to this student? Yes No (If yes, a copy of legal documents must be on file at the school)

List in order of priority to call:

1st/primary contact

LAST name: _____ FIRST name: _____ Relationship: _____

Address: Same as above Other: _____ Postal code: _____

Employer: _____ Work phone: _____ Ext.: _____

Home phone: _____ Cell: _____ Email: _____

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Legal guardian? Yes No Can pick up student? Yes No Has custody of student? Yes No

Send additional report card? Yes No This contact is restricted? Yes No

Phone number to call in case of emergency: _____

Upon registration, parent portal login information will be provided by the school.

2nd contact

LAST name: _____ FIRST name: _____ Relationship: _____

Address: Same as above Other: _____ Postal code: _____

Employer: _____ Work phone: _____ Ext.: _____

Home phone: _____ Cell: _____ Email: _____

Legal guardian? Yes No Can pick up student? Yes No Has custody of student? Yes No

Send additional report card? Yes No This contact is restricted? Yes No

Phone number to call in case of emergency: _____ Would like parent portal access? Yes No

3rd contact

LAST name: _____ FIRST name: _____ Relationship: _____

Address: Same as above Other: _____ Postal code: _____

Employer: _____ Work phone: _____ Ext.: _____

Home phone: _____ Cell: _____ Email: _____

Legal guardian? Yes No Can pick up student? Yes No Has custody of student? Yes No

Send additional report card? Yes No This contact is restricted? Yes No

Phone number to call in case of emergency: _____ Would like parent portal access? Yes No

Daycare or other contact

LAST name: _____ FIRST name: _____ Relationship: _____

Address: Same as above Other: _____ Postal code: _____

Employer: _____ Work phone: _____ Ext.: _____

Home phone: _____ Cell: _____ Email: _____

Legal guardian? Yes No Can pick up student? Yes No Has custody of student? Yes No

This contact is restricted? Yes No Phone number to call in case of emergency: _____

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STUDENT TECHNOLOGY ACCESS AT HOME

- Does the student have wireless Internet access at home? Yes No
- Select the device type(s) the student has access to at home.
- | | |
|---|------------------------------------|
| <input type="checkbox"/> Chromebook | <input type="checkbox"/> Desktop |
| <input type="checkbox"/> Laptop | <input type="checkbox"/> Tablet |
| <input type="checkbox"/> Mobile phone (student-owned) | <input type="checkbox"/> No device |
| <input type="checkbox"/> Mobile phone (parent-owned) | |
- Would the device(s) be brought to school? Yes No

SIBLINGS

Please list the full legal names of all siblings of the student who are attending any RETSD schools—only those for whom the parent(s)/guardian(s) listed on pages 1 and 2 are *legal* guardian(s).

SIGNATURES

The following signatures verify that the above information is true and accurate. Upon transfer/withdrawal of the student, the pupil file will be forwarded to the next school of attendance.

I consent to receive, via email, information in the form of newsletters, school updates, and announcements regarding division and school activities, including fundraising and promotions (if at any time you wish to be removed from our email list, please contact the school office).

Email address: _____

Parent/guardian: _____ Student (if 18 or older): _____

Date: _____

INDIGENOUS IDENTITY DECLARATION

Indigenous Identity Declaration helps to support the efforts of Manitoba Education and Training and school divisions to plan and improve programs in a way that is responsive to Indigenous learners. **Providing this personal information is voluntary and optional.** It is being collected in compliance with section 36(1)(b) of the Freedom of Information and Protection of Privacy Act (FIPPA) as it is necessary for and relates directly to the activity of Manitoba and school divisions to plan, deliver and improve programs

I, _____ (name of parent/guardian, please print clearly):

- Am submitting my child's Indigenous Identity Declaration for the first time
- Am making changes to my child's Indigenous Identity Declaration
- Already submitted my child's Indigenous Identity Declaration and have no further changes to make at this time

Is your child an Indigenous person, that is, First Nation (North American Indian), Métis, or Inuk (Inuit)? If yes, check the box(es) that best describe(s) your child now (*Note: First Nations (North American Indian) include Status and Non-Status Indians*):

STUDENT REGISTRATION

- Yes, First Nation (North American Indian)
- Yes, Métis
- Yes, Inuk (Inuit)

Which best describes your child's Indigenous cultural-linguistic identity? Please select up to two choices:

- | | |
|--|---|
| <input type="checkbox"/> Anishinaabe (Ojibway/Saulteaux) | <input type="checkbox"/> Oji-Cree |
| <input type="checkbox"/> Ininiw | <input type="checkbox"/> Michif |
| <input type="checkbox"/> Dene (Sayisi) | <input type="checkbox"/> Inuktitut |
| <input type="checkbox"/> Dakota | <input type="checkbox"/> Other: Please specify: _____ |

MEDICAL QUESTIONNAIRE

Please complete the following (*specify yes if physician-diagnosed*)

- | | | |
|--|--|-------|
| 1. Anaphylaxis | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 2. Anaphylaxis—has EpiPen prescribed | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 3. Asthma | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 4. Asthma—has inhaler prescribed | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 5. Bleeding (i.e., hemophilia, Von Willebrand disease) | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| 6. Cardiac condition | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 7. Catheterization | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 8. Central line | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 9. Diabetes | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 10. Gastrostomy | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 11. Intermittent catheterization | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 12. Medication | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| 13. Nasogastric tube | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 14. Osteogenesis imperfecta | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 15. Ostomy | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 16. Oxygen | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 17. Seizure disorder | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 18. Steroid dependence | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 19. Suctioning (A)—tracheal suctioning | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 20. Suctioning (B)—oral/nasal suctioning | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 21. Tracheostomy | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 22. Ventilator | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 23. Other intervention/condition/diagnosis (not listed)* | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |

***Other health condition(s) must be physician-diagnosed with supporting documentation provided**

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This medical information is being collected so that appropriate health-care plans and programming may be developed. This information will only be shared with appropriate individuals. This information is protected by The Personal Health Information Act. Questions should be directed to the school principal.

SUPPORT SERVICES

Please indicate if the student has utilized any of the following services

- | | |
|--|---|
| <input type="checkbox"/> Resource | <input type="checkbox"/> School counsellor |
| <input type="checkbox"/> Reading | <input type="checkbox"/> Psychology |
| <input type="checkbox"/> Psychiatry | <input type="checkbox"/> Speech & language |
| <input type="checkbox"/> Social work | <input type="checkbox"/> Occupational therapy |
| <input type="checkbox"/> Physiotherapy | <input type="checkbox"/> Outside agency |
| <input type="checkbox"/> Child in care | <input type="checkbox"/> Other _____ |

If any services above are checked (✓), please complete details below

Name of agency/support service: _____ Contact person: _____

Address: _____ Phone: _____

Briefly describe the reason for service: _____

Name of agency/support service: _____ Contact person: _____

Address: _____ Phone: _____

Briefly describe the reason for service: _____

The support services information is being collected so appropriate educational services may be provided for your child. This information will only be shared with appropriate individuals. This information is protected by The Freedom of Information and Protection of Privacy Act. Questions should be directed to the school principal.



Angus McKay School

850 Woodvale St. | Winnipeg, MB R2K 2G8 | Tel: 204.661.2378 | Fax: 204.668.9283
Principal: Jean-Paul Rochon | Email: am@retsd.mb.ca | Web: www.retsd.mb.ca/am

PARENTAL INFORMED CONSENT FOR OUT OF SCHOOL ACTIVITIES IN THE LOCAL COMMUNITY

September 2026

Dear Parent/Guardian,

The purpose of this letter is to inform you about some of the out-of-school activities or events in the local school community in which your child will participate during the course of this year. Your signature on the bottom of this form confirms that you are aware of the information provided in this letter.

The River East Transcona School Division and the staff of Angus McKay School recognize that valuable and unique learning can take place outside of the school building. We are therefore encouraged to make use of the total resources of the local community to meet curriculum goals.

During the course of the school year, student groups will engage in activities within the local community that take them out of the school building. These activities may include but are not limited to activities and events such as the Terry Fox Walk, Running Club, Take Pride Manitoba, taking a class to a nearby park or jogging for Phys Ed class.

The risk of injury exists in all student activity. However, due to the very nature of some activities, the risk of injury may increase. The safety and well-being of students is a prime concern and every effort is made to minimize the foreseeable risks inherent in any activity.

While participating in school activities, which take them into the community, it is expected that students will conduct themselves appropriately during all aspects of schooling.

If, for some reason, your child cannot or ought not participate in activities of this nature, please let us know.

I / We understand and agree that this is a part of the school program. I / We also understand that as a result of participating in this program that the participant is expected to follow the school procedures and code of conduct and that any deviations from these may result in consequences from the school administration.

I / We declare having read and understood the above INFORMED CONSENT AGREEMENT in its entirety and hereby consent to participate being aware of all the foregoing.

Parental Informed Consent:

Before your child may participate in any local community activities, this signed consent form must be received at the school.

Student's Name (please print) _____ Grade _____

Parent/Guardian Signature _____ Date _____

January 2026

Dear Parents/Legal Guardians,

Vaccines have been shown to be a safe and effective way of protecting children from diseases. It can also protect other people who cannot be immunized due to certain health conditions. It is thus very important to make sure that your child is up to date with their immunizations.

We strongly recommend that children between 4 and 6 years of age receive the following immunizations:

| Vaccine name | |
|---|-----------|
| Measles, mumps, rubella and varicella vaccine (MMRV vaccine) | Preschool |
| Diphtheria, tetanus, pertussis and polio vaccine (DTaP-IPV vaccine) | Preschool |

Please check your child's immunization records to see if your child is up to date. You can visit the Manitoba Health website to know more about routine immunizations for infants and children (<https://www.gov.mb.ca/health/publichealth/cdc/div/schedules.html>). You can also discuss this with your primary care provider.

If your child needs immunization/s, your primary care provider (family physician or pediatrician), a walk-in doctor, a nurse practitioner or a public health nurse can provide them.

If you do **not** have a copy of your child's immunization record, you can call the WRHA immunization records request line at (204) 938-5347 or online at <https://forms.gov.mb.ca/immunization-update-request/> (select *Complete Immunization Record*).

If you are new to Manitoba, you can provide a copy of your child's immunization records to your local public health office or you can submit directly online at: <https://forms.gov.mb.ca/immunization-update-request/>. These records will be entered in the Manitoba immunization registry.

If you have questions or do not have access to a health care provider to immunize your child, please call your local public health office at 204-938-5000 and ask to speak to a Public Health Nurse.

Sincerely,
River East Public Health Team

Recommended Immunization Schedule for Infants and Pre-School Children

| Vaccine/Antibody Product | Age of Child | | | | | | |
|---|--|----------|----------|----------|-----------|-----------|-----------|
| | At birth | 2 months | 4 months | 6 months | 12 months | 18 months | 4-6 years |
| Respiratory Syncytial Virus (RSV) * | ◆ | | | | | | |
| Diphtheria, Tetanus, Pertussis, Polio, Haemophilus influenzae type b (DTaP-IPV-Hib) | | ◆ | ◆ | ◆ | | ◆ | |
| Pneumococcal Conjugate 15 valent (Pneu-C-15) ** | | ◆ | ◆ | | ◆ | | |
| Rotavirus | | ◆ | ◆ | | | | |
| Measles, Mumps, Rubella, Varicella (MMRV) | | | | | ◆ | | ◆ |
| Meningococcal Conjugate Quadrivalent (Men-C-ACYW) *** | | | | | ◆ | | |
| Tetanus, Diphtheria, Pertussis, Polio (Tdap-IPV) | | | | | | | ◆ |
| Influenza (Flu) | All Manitobans 6 months of age and older are eligible for influenza vaccine each year. Click here for current information on the seasonal influenza vaccine. | | | | | | |

IT'S FREE!

Countdown to Kindergarten Preschool Growing & Learning Days

Do you have a child who will be starting kindergarten in RETSD in September 2026?

At this FREE event, your child will have the opportunity to enjoy educational games and activities with kindergarten, resource, and gym teachers, play musical instruments, and get their vision and hearing screened. Meet our friendly principals, student support staff, and community service providers to help your child get ready for the adventure of school.

The activities and screening stations take approximately 60 minutes to complete.

Angus McKay, École Neil Campbell, École Springfield Heights, Lord Wolseley, Polson, Prince Edward, Princess Margaret
Wednesday, April 29, 4:30–6:30 p.m.
École Neil Campbell School, 845 Golspie St.

Bernie Wolfe, École Centrale, Joseph Teres School, Westview
Thursday, May 7, 4:30–6:30 p.m.
Bernie Wolfe School, 95 Bournais Dr.

Bertrun E. Glavin, École Salisbury Morse Place, Hampstead, John de Graff, Sherwood School
Wednesday, May 13, 4:30–6:30 p.m.
École Salisbury Morse Place School, 795 Prince Rupert Ave.

École Margaret-Underhill, Harold Hatcher, Radisson, Wayoata
Wednesday, May 20, 4:30–6:30 p.m.
Wayoata School, 605 Wayoata St.

École Birds Hill, Donwood, Dr. Hamilton, École Sun Valley, Emerson, John Pritchard, Maple Leaf
Wednesday, May 27, 4:30–6:30 p.m.
Donwood School, 400 Donwood Dr.

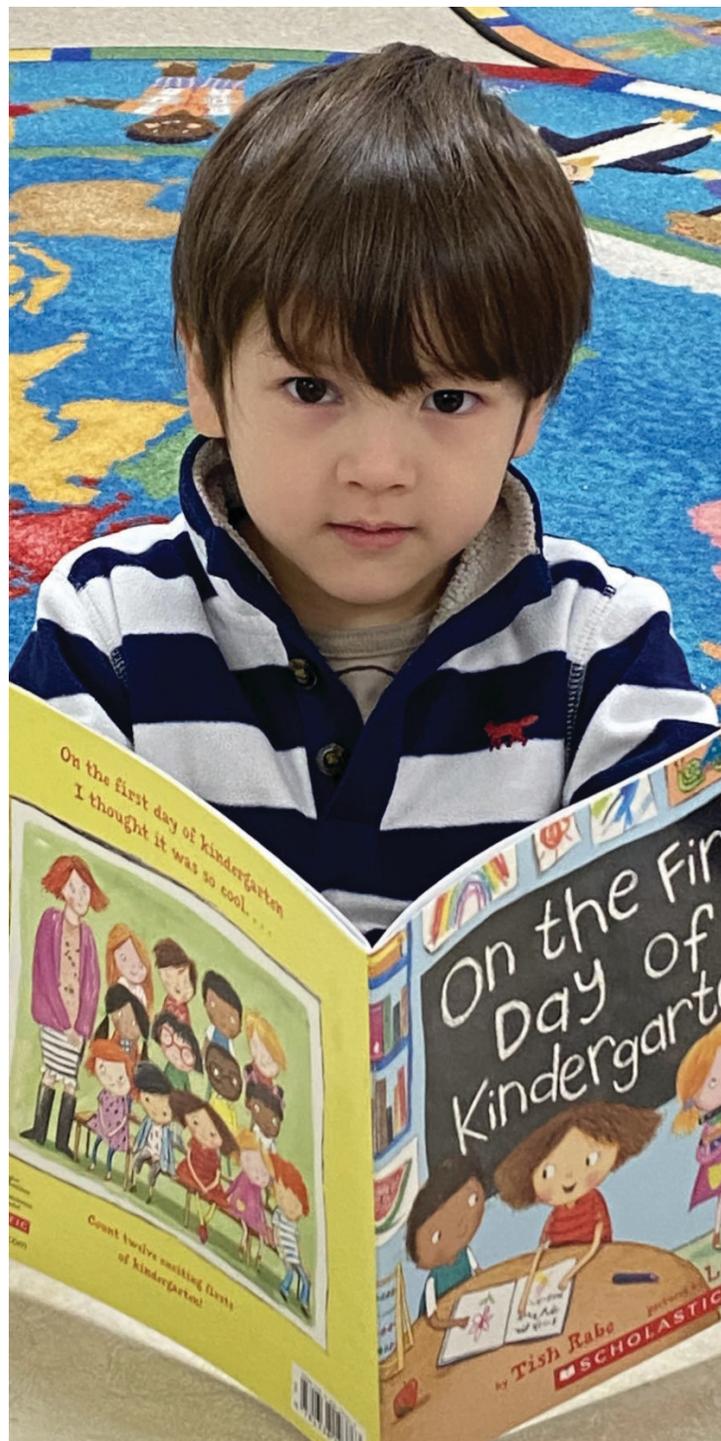
Registration for these events begins March 2, 2026

Register online:



Or call: 204.669.4043

kinderlinks@retsd.mb.ca • www.retsd.mb.ca





Countdown to Kindergarten—Preparing for the Adventure of School | Issue 1, 2026

204.669.4043 • kinderlinks@retsd.mb.ca • Supported by Child and Youth Services, Department of Families



COUNTDOWN TO KINDERGARTEN

Starting kindergarten is a major milestone in your child's educational journey. As you are preparing for the first day of school, know that your child's school and teacher are preparing to meet both you and your child. In River East Transcona School Division, we strive to make our classrooms safe, caring places of learning where students feel included, respected, secure, and valued. Your child will grow as a learner through activities that encourage inquiry, discovery, imagination, creativity, and problem-solving. Our staff recognizes that you are your

child's first teacher and we look forward to collaborating with you to make kindergarten both a time for learning and a time for joy.

Schools in RETSD

Need to find out which school your child is designated to attend? Use our School Locator, which you'll find at the top of the Schools section of our website. You'll also find a complete list of RETSD schools and their contact information (retsd.mb.ca > Schools). All the school websites list their bell times, parent association information, upcoming events and activities, and provide registration forms.

Registering for Kindergarten

Registration begins on **March 2, 2026**. When you register, please provide proof-of-age documentation for your child (e.g., birth certificate, baptismal certificate, passport, Manitoba Health Card, INAC status card, birth registration signed by the director of Vital Statistics).

You will also be asked for two types of identification for proof of residency (e.g., driver's licence, utility bill, Manitoba Health Card, tenancy agreement, offer to purchase documents). For your convenience, registration forms can be found at www.retsd.mb.ca > Schools > (click on designated school your child will attend) > Documents & Forms > Registration.





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Language Options

Language options for kindergarten include English, French immersion, English-German Bilingual, or English-Ukrainian Bilingual. Please note that your family doesn't need to have made a final decision regarding a language program before registering for school. By registering in the spring, you have the opportunity to ask questions and gain information to help you with this decision. Let your local school know you are considering a language option and the staff will be happy to assist you.

Does Your Child Have Additional Support Needs?

Concerned that your child may require additional support to participate in educational programming in kindergarten? Contact Lindsay Lawrence, director of student services, at 204.669.5643.

Is Your Child Anxious?

As excited as your child may be about starting school, they may also be feeling a little bit anxious or worried. This is quite normal; after all, this is a pretty big life change for both of you! Here are some things you can do to help increase your child's comfort level and decrease anxiety.

Acknowledge your child's feelings of fear or uncertainty. Help your child to name these feelings and then problem-solve together. "It sounds like you're worried about starting school. Sometimes I get worried, too, when I'm trying something new. Here's an idea that works for me."

Practise or rehearse the first day. Go through your daily routine as if it was the actual day—waking up, getting dressed, eating breakfast, brushing teeth, and leaving the house on time. If your child is walking to school, take the route with them. When you arrive at the school, spend some time on the playground so it starts to feel familiar; then, pretend it's "home time" and you've arrived to pick them up. If your child will be taking the bus, do the same thing, except your route will take you to the bus stop.

Keep your daily routine as regular as possible. Predictable, orderly daily routines help children feel safe and confident, and allow them to step easily from the comfort of the home to the classroom. Bedtime is a great time to have a sincere conversation with your

child. Use this opportunity to listen with your heart, as well as your head, and send them to sleep feeling safe and cherished.

Be positive and optimistic. Make sure the attitude you are presenting to your child about this transition is positive and optimistic. Going to school is a normal part of everyone's life. If your child sees that you are feeling confident and at ease about this new venture, they will eventually feel that way, too.

RHYME TIME

Help your child get excited for kindergarten by singing these special songs at home together.

Kindergarten, Here We Come

Tune: Twinkle Twinkle Little Star

Kindergarten, here we come
We know we'll have so much fun
Lots of things to make and do
Reading, writing, counting, too
Kindergarten, here we come
We know we'll have so much fun

Kindergarten in the Fall

Tune: She'll Be Coming 'Round the Mountain

We'll be going to kindergarten
In the fall—Hooray!
We'll be going to kindergarten
In the fall—Hooray!
Oh, we are going to school
And it's going to be so cool
Yes, we're going to kindergarten
In the fall—Hooray!

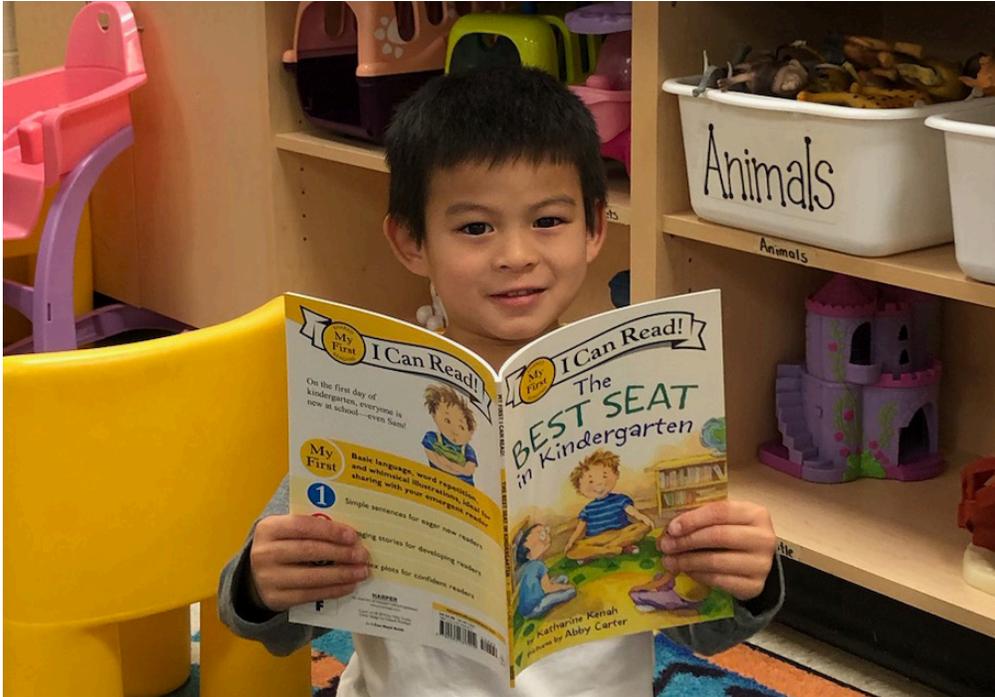
STORY TIME

Cuddle up together with a good book about kindergarten. Visit your local library to pick up some nice kindergarten stories, including: *The Night Before Kindergarten* by Natasha Wing, *The Kissing Hand* by Audrey Penn, and *Kindergarten Rocks* by Katie Davis.



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A TIME FOR LEARNING & JOY

Learning to Be a Friend

- Encourage your child to include others when they play.
- Praise your child when they are helpful or kind to others.
- Plan play times for your child with other children.

Learning to Be Independent

- Encourage your child to use words and politely ask for help.
- Help your child memorize their phone number and address.
- Spend a little time each day practising how to do zippers, buttons, and shoes.

Getting Ready for the Classroom

- Make listening a family habit.
- Play memory and number games with cards and dice.
- Talk about signs in the neighbourhood.

CHILDREN WHO ARE READY FOR SCHOOL...

- Are eager to try new things
- Are curious about the world
- Get along with others
- Follow rules and instructions
- Take care of their belongings
- Show an interest in books
- Know some letters of the alphabet
- Can print their own names
- Recognize numbers and can count

WELCOME TO KINDERGARTEN BAGS

Every family registering for kindergarten in 2026 will receive a FREE bag full of interesting materials, resources, and educational activities. This can be enjoyed by both parents and children during the months leading up to kindergarten.

The contents of the Welcome to Kindergarten bag have been carefully chosen by our staff to give your child the opportunity to practise their skills and get excited for starting school in

the fall! Items in the bag include an interactive calendar, crayons, scissors with instructions for use, math-related items such as cards and dice, and a pencil with a sharpener. A variety of parenting resources are also included.

FREE COUNTDOWN TO KINDERGARTEN PROGRAMMING

Starting kindergarten is a big step for both you and your child. As a parent/caregiver, you want your child to have a happy and successful school life.

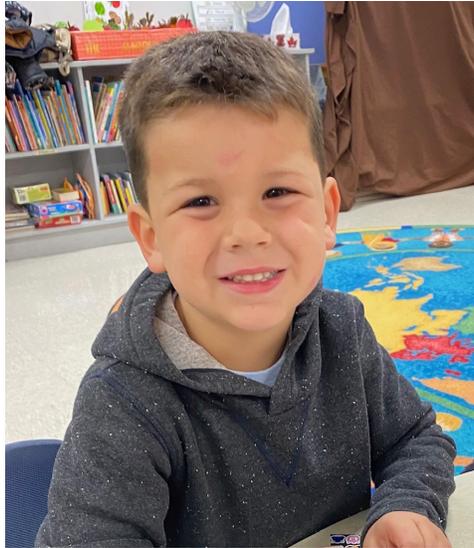
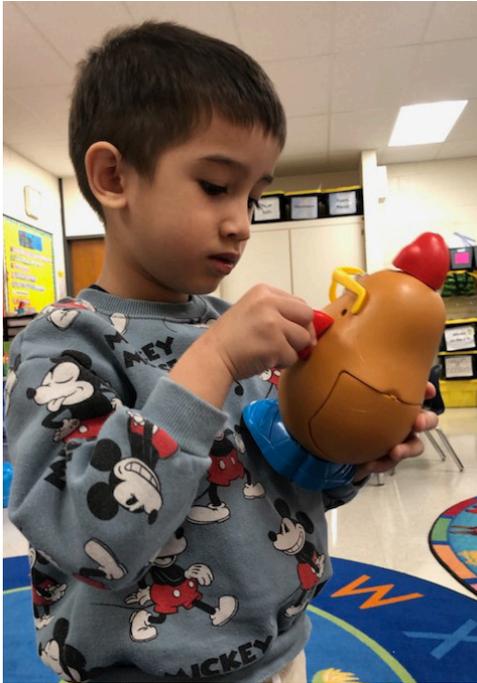
In RETSD, we are ready to help your family prepare for the adventure of school. We are pleased to offer many fantastic (and FREE!) programs geared towards getting your child excited to start kindergarten. Information on our free Countdown to Kindergarten programs will be available in late spring.

For updates on these programs, join the Kinder Links mailing list by contacting us at kinderlinks@retsd.mb.ca or 204.669.4043.



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FREE KINDER LINKS PROGRAMMING

Kinder Links programs provide young families—with children birth to age five—with the opportunity to play, learn, and connect with each other. These FREE parent-child programs feature fun, educational ways to explore literacy, numeracy, physical health and well-being, and creativity through art experiences, rhymes, stories, activities, and games.

Kinder Links programs are an excellent way for young children to develop a lifelong passion for learning, develop their skills and self-confidence, and

help prepare them for the adventure of school. They offer a welcoming, inclusive place where parents/caregivers can meet other families from the community, develop new friendships, and share parenting resources.

We are proud to offer high-quality parent-child programming seven days a week to meet the needs of families living in River East Transcona neighbourhoods. Join in the fun mornings, afternoons, evenings, and weekends from September to June. Visit the Kinder Links page on the RETSD website for a listing of parent-child programs, special events, and parenting support workshops.

FREE BABY GIFT FOR NEW PARENTS

Did you just have a baby? RETSD and the Early Childhood Matters Parent Child Coalitions in River East and Transcona would like to help you celebrate this wonderful event. We have a book, *I Love It When You*, which we'd love to give to you to keep and enjoy. To receive your FREE book, contact us at kinderlinks@retsd.mb.ca or 204.669.4043. Please leave us your mailing address, child's name, and child's date of birth.

THE EARLY LEARNING TEAM

We are pleased to provide early learning and family support to families living in River East Transcona. Feel free to contact us if you have questions regarding our preschool initiatives.

Ryan Francis

Assistant Superintendent—
Educational Services and Planning
204.667.7130
rfrancis@retsd.mb.ca

Maureen Vaags

Manager of Community Initiatives
204.669.9412
mvaags@retsd.mb.ca

Kelly Martino

Community Programming
Co-ordinator—Preschool
204.669.4043
kmartino@retsd.mb.ca

Your River East Transcona School Division Trustees

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Ward 5

Shannon Hiebert
204.771.8435
shiebert@retsd.mb.ca

The Board of Trustees meets the first and third Tuesday of each month. You are welcome to attend, either in person or online. For more information about the Board of Trustees, visit: www.retsd.mb.ca > Your RETSD > Board of Trustees



Join the Kinder Links Mailing List!

Kinder Links programs provide families with young children (birth to age five) with opportunities to play, learn, and connect with each other. These FREE parent-child programs feature fun, educational ways to explore literacy, numeracy, physical health, well-being, and creativity through art experiences, rhymes, stories, activities, and games. They're an excellent way for young children to develop a lifelong passion for learning, develop their skills and self-confidence, and prepare for the adventure of school!



kinderlinks@retsd.mb.ca or 204-669-4043