



# École Centrale

604 Day St. | Winnipeg, MB R2C 1B6 | Tel: 204.958.6426 | Fax: 204.222.4873  
Principal: Michelle Williams | Vice-principal: Lauren Telencoe | Email: [ec@retsd.mb.ca](mailto:ec@retsd.mb.ca) | Web: [www.ec.retsd.mb.ca](http://www.ec.retsd.mb.ca)

January 22, 2026

Dear Parents/Guardians,

We are writing to update you on the status of the catchment boundaries for French Immersion schools east of Lagimodière Blvd.

This plan began in 2016, because of a review of current and projected student enrolment at École Centrale, École Margaret Underhill, and École Regent Park. The unprecedented and rapid growth in the Transcona area has required a yearly review and monitoring of the enrolment of the schools.

The Board of Trustees has shared the goal to establish École Centrale and École Margaret Underhill as Kindergarten to Grade 5 schools and École Regent Park as a kindergarten to grade 8 school.

École Regent Park is currently only able to accommodate grades 2-8. This configuration will be maintained for the 2026-2027 school year, while the Board continues to monitor catchment boundaries.

For September 2026, current grade 1 students will attend the school for grade 2, based on the reconfigured boundary changes which included grade 2 at École Regent Park.

**This letter is for your information and does not impact your child(ren) for their upcoming kindergarten year. The boundaries may impact your child(ren) in upcoming grades. Please refer to the attached map for the boundary lines.**

If you have any questions regarding your specific situation, please reach out to me at the school.

Sincerely,

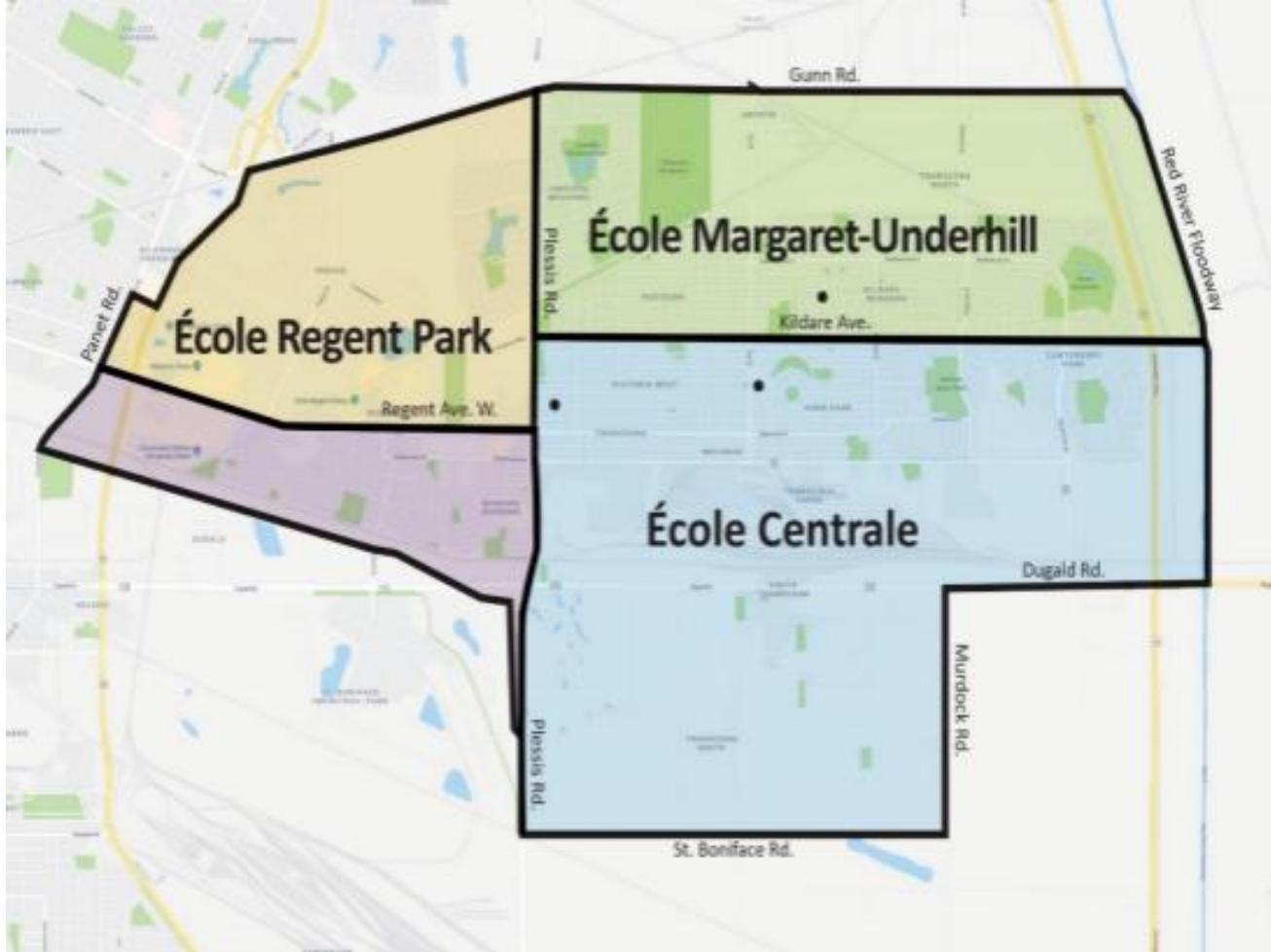
Michelle Williams  
Directrice / Principal



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# École Centrale

## Kindergarten

Student Name: \_\_\_\_\_

(Please print name)

### DOCUMENTS REQUIRED WITH REGISTRATION:

#### Proof of Residency of legal guardian: (2 pieces required)

- ◊ Driver's License
- ◊ Manitoba Health Card (Address reviewed\_\_\_\_Med#'s\_\_\_\_) (DO NOT COPY)
- ◊ Utility Bill (Name and corresponding address)
- ◊ Tenancy agreement (Duly signed)
- ◊ Offer to purchase documents (Completed signatures)

#### School of Choice form (if applicable):

- ◊ In Division/ Out of Designated school boundary
- ◊ Out of Division/ District

#### Guardianship (if applicable):

- ◊ Court documents (Interim and/ or Final Order, Variance Orders may also be applicable)
- ◊ Voluntary Placement Agreement (VPA)
- ◊ Child in Care form

#### Proof of Age (For students who are new to the division):

- ◊ Birth Certificate
- ◊ Baptismal Certificate
- ◊ Passport
- ◊ Treaty Card
- ◊ Certificate of Birth registration, signed by Director of Vital Statistics

### REGISTRATIONS ACCEPTED:

**In Division and Out of Designated school Boundary** registrations accepted on or after March 2, 2026

**Out of Division/ District** registrations accepted on or after May 4, 2026

### OFFICE USE ONLY

Date Received: \_\_\_\_\_

◊ In Catchment \_\_\_\_\_

◊ Out of Catchment \_\_\_\_\_

**School of Choice form:** \_\_\_\_\_

◊ Out of Division: \_\_\_\_\_

**Out of Division form:** \_\_\_\_\_

Admin: \_\_\_\_\_

Accepted:

Yes: \_\_\_\_\_

No: \_\_\_\_\_

Grade: **K** \_\_\_\_\_

Teacher: \_\_\_\_\_

Even Day or Odd Day

# 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: 20\_\_\_\_/20\_\_\_\_

School name: \_\_\_\_\_

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: \_\_\_\_\_ Unlisted?  Yes  No Cell: \_\_\_\_\_ Email: \_\_\_\_\_

# STUDENT REGISTRATION



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: \_\_\_\_\_ Unlisted?  Yes  No      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: \_\_\_\_\_ Unlisted:  Yes  No      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: \_\_\_\_\_ Unlisted?  Yes  No      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: \_\_\_\_\_

# STUDENT REGISTRATION



## 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:

Anishinaabe (Ojibway/Saulteaux)

Oji-Cree

Ininiw

Michif

Dene (Sayisi)

Inuktitut

Dakota

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**

# STUDENT REGISTRATION



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.



# École Centrale

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Email: ec@retsd.mb.ca | Web: www.ec.retsd.mb.ca

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

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 this year. Your signature at 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 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 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 . . . (schools should list activities that are specific to them. These could include activities like Terry Fox Walk, Take Pride Manitoba, taking a class to a nearby park, 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 wellbeing 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 does 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 because 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): \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date : \_\_\_\_\_

**This form will be applicable until the student transfer to another school or parent indicate a change in the permission.**

## **OPT-OUT for Instructional Technology Use and Parent Permission Media Release Policies and Forms**

Unless parents indicate otherwise, all permissions are in place for the current school year. Please read the new Instructional Technology Use policy ([IJND](#)) and form ([IJND-E1](#)) as well as the updated Parent Permissions Media Release policy ([KDDB](#)) and form ([KDDB-E1](#)).

Should you wish to opt out please complete the ([IJND-E1](#)) Instructional Technology Use (K-Gr. 4) Form and /or the ([KDDB-E1](#)) Parent Permission Form for Media Coverage, Copyright Permissions and include them with your child's registration.

# TRANSPORTATION APPLICATION—REGULAR (FORM A)



This application must be completed by the parent/guardian. It can be returned to the school or emailed directly to transportation (see below). Please be aware that it may take up to five business days to process your transportation application.

Date: \_\_\_\_\_

**Student requires busing**  **Student does NOT require busing**

New to the division  Current student new to busing  Address change  School change  Change in sitter

Student name (Last): \_\_\_\_\_ (First): \_\_\_\_\_

Home address: \_\_\_\_\_ City/town: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Home phone: \_\_\_\_\_

Sitter address (if applicable): \_\_\_\_\_ Sitter phone: \_\_\_\_\_

Please indicate **BUSED** siblings living in the same home, or siblings with **BUS APPLICATIONS SUBMITTED** and their school:

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**My child has a medical condition**

**Medical information provided at the time of registration will be shared with the transportation department to support your child on the school bus. If anything has changed for your child since that time, please ensure that the school has the most up to date information.**

Please check appropriate box:

|  |   |
|--|---|
| <input type="checkbox"/> Student attending French immersion                    | <input type="checkbox"/> Student attending regular academic program |
| <input type="checkbox"/> Student attending English-German Bilingual Program    | <input type="checkbox"/> Student attending vocational program       |
| <input type="checkbox"/> Student attending English-Ukrainian Bilingual Program | <input type="checkbox"/> Student attending EAL                      |

Requested start date: \_\_\_\_\_

Parent/guardian signature \_\_\_\_\_

**Any changes relating to the information contained in this application must be reported to the transportation department immediately.** Questions should be directed to the transportation department at 204.669.0202. Email this application to [transportation@retsd.mb.ca](mailto:transportation@retsd.mb.ca).

## FOR DEPARTMENT USE ONLY

Pickup bus: \_\_\_\_\_

AM transfer bus: \_\_\_\_\_

PM transfer bus: \_\_\_\_\_

Take home bus: \_\_\_\_\_

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 persons 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)        | <b>Preschool</b> |
| Diphtheria, tetanus, pertussis and polio vaccine (DTaP-IPV vaccine) | <b>Preschool</b> |

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 immunizations, 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 **204 938.5365**.

Sincerely,

July 2025

RIVER EAST AND TRANScona  
845 Regent Avenue W  
Tel: 204.938.5365 FAX: 204.938.5511  
Winnipeg MB R2C 3A9



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## École Centrale Information

Name of Student: \_\_\_\_\_

Background information which will help the school know and understand your child.

1. What language is primarily spoken to your child in your home?

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2. Are there any other languages your child can speak?

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3. Place a check mark next to the words or phrases that you feel apply to your child:

Happy      Bad Temper      Has a short attention span      Moody

Adjusts easily      Resists direction      Outgoing      Concentrates well

Seeks adult attention often      Truthful      Cries easily      Noisy

Plays well with others      Has special fears      Very shy      Tires easily

Enjoys quiet activities      Enjoys participating in group activities

4. What activities does your child enjoy doing?

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5. How often do you read to your child?

Daily      3-4 times a week      Occasionally      Never

6. Do you read to your child in a language other than English?

Yes, I read in \_\_\_\_\_      No

7. How much computer/IPAD/TV time does your child have per day?

Less than 1 Hour      1–2 Hours      2–3 Hours      More than 3 Hours

8. What kind of responsibilities does your child have at home?

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9. Has your child attended Daycare or Nursery School?

Yes      No

10. If yes, where did they attend and for how long?

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11. What other experiences or lessons has your child had?

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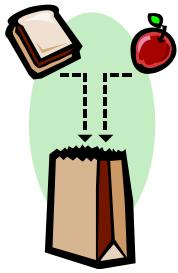
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12. Are there any situations where your child becomes upset/anxious? If so, what is the most effective way to calm your child?

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## École Centrale Lunch Supervision Program

604 Day Street, Winnipeg, MB, R2C 1B6 • Telephone 204.958.6426 , Fax 204.222.4873

March 2, 2026

Re: 2026–2027 Lunch Program Registration

Dear Parent / Guardian:

Registration Package for the lunch program for the 2026/2027 school year, will be distributed in May. We encourage you to read through the Policies and Expectations, which explains our program and contains important information.

Here are a few things to note:

- Any child staying at École Centrale during the lunch break, even once, needs to be registered with the École Central Lunch Supervision Program (ECLSP).
- The ECLSP provides on-site supervision of students at the school during lunch hour. As lunch breaks are a parental responsibility, if your child is not registered in the ECLSP you must make other arrangements for your child(ren) during the lunch break.
- The user fee for the 2026–2027 school year will be conveyed in the registration package sent out in May 2026.

Please note that:

- In line with École Centrale's support of the use of WOW Butter in the school for student lunches, please remember that all sandwiches made with WOW Butter must be in a plastic container / bag with the WOW Butter sticker attached.

**Intent for school year 2026–2027 lunch program.**

**My child \_\_\_\_\_ will be staying at school for lunch for the 2026–2027 school year. Registration forms will be sent out May 2026.**

If you have any questions or concerns, or if you would like more information on becoming involved with the committee, please contact us by leaving a message with the school office (204.958.6426).

École Central Lunch Supervision Program Committee

The École Centrale Lunch Supervision Program (ECLSP) is a non-profit organization dedicated to providing our students with a safe, responsible and respectful environment for parents/guardians who choose to have their children supervised over the lunch break.