



# REGISTRATION FOR YEAR: 2019-2020

DAD  MOM  GUARDIAN FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_  
 EMAIL \_\_\_\_\_ CELL PHONE \_\_\_\_\_

DAD  MOM  GUARDIAN FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_  
 EMAIL \_\_\_\_\_ CELL PHONE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ HOME PHONE \_\_\_\_\_

	CHILD ONE	CHILD TWO	CHILD THREE	CHILD FOUR
FIRST NAME				
LAST NAME				
GENDER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
DATE OF BIRTH				
AGE / GRADE	yrs / grade	yrs / grade	yrs / grade	yrs / grade
ALLERGIES	NO / YES (provide details)	NO / YES (provide details)	NO / YES (provide details)	NO / YES (provide details)
	Should allergy alert be posted? YES / NO / NA	Should allergy alert be posted? YES / NO / NA	Should allergy alert be posted? YES / NO / NA	Should allergy alert be posted? YES / NO / NA
Does child require MEDICATIONS?	NO / YES (provide details)	NO / YES (provide details)	NO / YES (provide details)	NO / YES (provide details)
Does child have any behavioural physical, mental or emotional CONCERNS?	NO / YES (explain)	NO / YES (explain)	NO / YES (explain)	NO / YES (explain)

Do you grant permission for the reasonable use of pictures or videos containing your Child to be used for Winona Gospel Church security or promotional use? These images will be stored on the Winona Gospel Church and/or Plan to Protect Coordinator's computers for these purposes. YES  NO

I/we, named below, undertake and agree to indemnify and hold harmless Program Personnel, Winona Gospel Church, and its Leaders from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of Winona Gospel Church, as well as of any medical treatment authorized by the supervising individuals representing Winona Gospel Church. This consent and authorization is effective only when participating in or traveling to events sponsored by Winona Gospel Church.

I have read, understood and agree with the statements above and on back, for the duration of the 2019-20 program year:

Name \_\_\_\_\_ Signature \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_

## **WINONA GOSPEL CHURCH CHILDREN'S MINISTRY**

### **CARE POLICY**

Winona Gospel Church believes in excellence in our entire Children's Ministry Department. We are committed to keeping your children safe while they are in our care.

Please help us do so by providing complete information regarding allergies and any other special needs.

Should situations regarding your child change from week to week, please ensure that this is communicated directly to the security person or to the volunteers for your child's group, and make certain that it is written in the space provided on the sign-in sheet.

We reserve the right to not admit your child into the program should there be signs of any communicable disease or illness (ie. colds, etc.). We reserve the right to remove children who exhibit extreme or rebellious behaviour that negatively impacts our ability to care for the group.

Pagers are available and are used to notify parents that they are needed in the classroom during the worship service. Parents must remain in the building during the worship services unless other arrangements have been made with the volunteers for another adult to be responsible for their child(ren) if the need arises. We appreciate you collecting your child immediately after the service.

### **INFORMATION POLICY**

Information received is confidential and is gathered for the purposes of serving your child while in the care of Winona Gospel Church. Any medical information collected here serves to authorize Winona Gospel Church, and its staff and volunteers, to obtain medical assistance in emergencies.

Winona Gospel Church is collecting and retaining this personal information to enroll your child in our programs, to assign the child to the appropriate groups, to develop and nurture ongoing relationships with you and your child, and to inform you of program updates and upcoming opportunities at Winona Gospel Church. This information will be maintained indefinitely as it is a requirement of our insurance company and legal counsel. If you wish Winona Gospel Church to limit the information collected, or to view your child's information, please contact us.

Winona Gospel Church  
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**PLEASE LET US KNOW IF YOU WOULD LIKE A COPY OF THIS FORM.**