

# Twin Valley Alliance Church

## GATE Registration 2024-2025

Parents/Guardians' name: \_\_\_\_\_

Home address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Emergency contact person: \_\_\_\_\_ Relationship to child(ren): \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Doctor's phone: \_\_\_\_\_

Child's Name (first and last)	Grade	Medical and Allergies (food / others)

- It is understood that every precaution will be taken for the safety and well-being of my child, but in the event of an accident or sickness, Twin Valley Alliance Church, its staff and its volunteers are hereby released from any liability.
- In the event of illness or accident, having parental responsibility for the above-named child(ren), I give permission for First Aid to be administered where considered necessary by a person trained in First Aid, if available, or medical treatment to be administered by a suitably qualified medical practitioner.
- If I cannot be contacted and child(ren) should require emergency hospital treatment, I authorize an adult leader to sign on my behalf any written form of consent required by the hospital. However, I understand that every effort will be made to contact me as soon as possible.

☐ By checking this block, I give permission for my child(ren) to be photographed/videoed/live streamed and for it to be displayed in any manner or form for any lawful purpose associated with this program.

Is there anything the leaders should be aware of that would assist in serving your child(ren) better.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE SEE REVERSE SIDE FOR CHURCH/VAN CONDUCT, ILLNESS, AND ATTENDANCE POLICY.

## Gate Illness and Attendance Policy

Please do not allow your child to attend the Gate if they have had a fever or vomiting in the **previous 24 hours**. **If the Williams Valley School district has cancelled school or designates virtual learning on a day (for the entire school) that the Gate is scheduled, the Gate will be cancelled.** If your child attends school for virtual learning on a regular basis, they may attend The Gate as long as they are not sick as stated above.

## Church and Van Conduct Policy

The Gate Ministry and transportation to and from Twin Valley Alliance church is a privilege that is extended to children/youth in the Williams Valley area. Children/youth are expected to conduct themselves in a manner that does not interfere with the safe operation of The Gate or church vans. **Please discuss this policy with your children.**

**Disciplinary infractions on the church van includes, but are not limited to:**

1. Not following the directions of the van driver.
2. Not remaining in the seat and facing front when the van is in motion.
3. Littering or throwing items out the window or in the van. (paper, candy, cans, bottles, etc.)
4. Fighting, pushing, tripping, shoving, and kicking.
5. Yelling, making unnecessary noise, arguing with the van driver or helper.
6. Eating or drinking in the van.
7. Use of inappropriate language (profanity)
8. Destruction of property.

**Conduct expectations at The Gate includes, but are not limited to:**

1. Children/youth will treat others with respect; no swearing, fighting, hitting or pushing.
2. Children/youth will properly use the Twin Valley Alliance church property and not cause destruction.
3. Children /youth may not run in the church unless participating in a game/event that includes that activity.

If a child/youth does not obey the church/van rules, the incident will be documented, and parents contacted as appropriate. Consequences will reflect the nature of the offense and frequency of misconduct. Significant and /or repeated misconduct may result in loss of van or Gate attendance privileges.

If the severity of the misconduct requires that the child be sent home, the parents/guardians will be called to come and pick up the child/youth.

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

Dear Parent/Guardian,

Thank you for submitting your child(ren)'s Gate Registration form. In order to have the necessary information in case of an emergency, Twin Valley Alliance requires that all children attending the Gate also supply a Medical Release Form. This will help us minister to them more effectively and give us any information we need if there is a medical problem.

Please complete and return this form by as soon as possible. If you have any questions, you can contact the church at 717-647-2713. If no one is available to take your call, please leave a message.

Thank you, Mary Gibson

## Twin Valley Alliance Church Medical Release Form 2024-2025

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parents/Guardians' name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Hospital Affiliation: \_\_\_\_\_

1. Is your child allergic to:

\_\_\_\_ bee stings      \_\_\_\_ pollens      \_\_\_\_ hay/straw      \_\_\_\_ other/ \_\_\_\_\_

\_\_\_\_ penicillin      \_\_\_\_ other drugs \_\_\_\_\_      \_\_\_\_ food \_\_\_\_\_

2. Does your child have any life-threatening allergies? \_\_\_\_ yes \_\_\_\_ no If yes, to what?

3. Does your child have any physical, emotional, mental or behavior concerns or limitations that our staff should be aware of? Please explain \_\_\_\_\_  
\_\_\_\_\_

In the case of medical emergency, I understand that hospital policy requires parental permission before treatment. I hereby give my permission to a representative staff of Twin Valley Alliance. Parent will be notified immediately of any medical emergency.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_