



## **Love INC of South Wood County**

Phone Number: Email:  
(715) 424-5683 info@loveincswc.org

Office location:  
710 20th Avenue South, Wis Rapids

### **Welcome/Overview**

Welcome to the New Hope Life Skills classes! These classes are a safe place for EVERYONE to learn and grow. We are Christian and believe in God's restorative power, but you don't have to be Christian to participate. All our courses are free! There will also be incentives along the way to bless you with some of your everyday needs.

### **Incentives (Blessings)**

- Each class session that you attend, you can select an item from the Blessings Closet. These items typically are hygiene products, cleaning products or household essentials. You will also have the opportunity each week to earn points for additional items. The following guidelines will be followed for earning points (maximum of three points per week)
  1. Sign up for the weekly drawing.
  2. Attend and participate in the class
  3. Complete the weekly assignment.You can accumulate points and apply them to a larger blessing at different point levels (10 points, 20 points or 30 points). The points will be recorded and kept track of by a Love INC staff member.  
Possible incentives/blessings may include new (depending on availability): Hygiene products, cleaning products, laundry detergent, gas cards, grocery cards, and larger household items.

### **Class Participation**

- All sessions are designed to build on the previous week's lesson. To get the most benefit you'll want to...
  - o attend as many of the sessions as possible.
  - o actively participate in group discussion.
  - o spend time between sessions reflecting on the lessons.We are here to help you make lasting changes in your life and we believe this requires mutual participation!
- We realize that emergencies and illnesses can occur. If you cannot attend a class session, please call the Love INC office (715) 424-5683 as soon as possible, before 2:00 pm on Thursday. This allows us time to notify the facilitator before the class meeting time. If no one answers, leave a message including your name, telephone number and details as to why you are unable to attend. If for some reason, you decide not to attend the course anymore, notify Love INC.

- In the event of inclement weather, Love INC will record a message on the phone greeting at (715)424-5683. It is your responsibility to call and check the message to see if class has been canceled.
- With an unexpected cancellation, such as the instructor's illness, Love INC will attempt to contact you and post a message on the door of the building.
- Classes will start and end on time. We ask that you be on time. If you are bringing children for childcare, please allow an extra ten to fifteen minutes to get them situated.
- To limit the number of distractions during class, we ask that you remain in the classroom for the entire hour. Exiting and re-entering the room can be a disruption for the entire class.
- A participant may be dismissed from class if they show disruptive behaviors or endanger the safety of others.
- Firearms and illegal substances are not allowed in the Love INC building.

### **Cell Phones**

Cell phones are to be silenced or turned off while attending class. Be respectful to the teachers and group discussion leaders by not texting or using your phone during class.

### **Confidentiality**

The classes are designed to interact and share personal matters and feelings.

All program participants are asked to keep information disclosed by other class members during the classes confidential. This means not talking about anything that was mentioned by others outside of the class.

### **Childcare**

Childcare will be provided if needed. An additional registration form is required. Adult childcare volunteers have completed a background check. Teenage helpers will be supervised by a Love INC staff member.

### **Transportation**

If you need transportation to class or back home, please give us at least a one week notice to find a volunteer to drive you. The participant will need to provide a proper car seat based on the child's age.

I have reviewed this information and agree to follow the guidelines. Date \_\_\_\_\_

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Signature Printed Name

Please return this form to the Love INC Building, 710 – 20th Ave. South Wisconsin Rapids 54495, or [info@loveincswc.org](mailto:info@loveincswc.org).

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LIFE SKILLS PROGRAM  
  
**NEW HOPE**

Love In the Name of Christ of South Wood County

REGISTRATION Healing Damaged Emotions  
April 2023

First Name \_\_\_\_\_ Last Name: \_\_\_\_\_

Email: \_\_\_\_\_

Day Phone#: \_\_\_\_\_ Night Phone#: \_\_\_\_\_

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

PO Box: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

I am a Love INC client: \_\_\_Yes \_\_\_No

I am a Love INC Volunteer: \_\_\_Y \_\_\_N

(Life Skills class is free; donations are welcome)

Church Affiliation: \_\_\_\_\_

If no church affiliation, write N/A

I understand and agree to the Media Release below: \_\_\_Yes \_\_\_No

By signing up for this event and checking this box I give Love In the Name of Christ permission to take photos and/or videos of me during this event to use for promotional purposes. (If you see a photographer at a class or an event and you do not wish to have a photo and/or video taken, just ask them politely not to and they will do their best to respect your wishes. Thank you for your cooperation.)

Do you need transportation TO the event? \_\_\_Yes \_\_\_No

FROM the event? \_\_\_Yes \_\_\_No

Will you need child care? \_\_\_Yes \_\_\_No ( separate form will be mailed )

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For more information or to register: 715.424.LOVE(5683)  
[info@loveincswc.org](mailto:info@loveincswc.org)

# CHILDCARE REGISTRATION

**Child #1 Date of Birth**\_\_\_\_\_

First Name:\_\_\_\_\_Last Name:\_\_\_\_\_

Allergies:\_\_\_\_\_

Special Needs: \_\_\_\_\_

Additional Information: \_\_\_\_\_

**Child #2 Date of Birth**\_\_\_\_\_

First Name:\_\_\_\_\_Last Name:\_\_\_\_\_

Allergies:\_\_\_\_\_

Special Needs: \_\_\_\_\_

Additional Information: \_\_\_\_\_

**Child #3 Date of Birth**\_\_\_\_\_

First Name:\_\_\_\_\_Last Name:\_\_\_\_\_

Allergies:\_\_\_\_\_

Special Needs: \_\_\_\_\_

Additional Information: \_\_\_\_\_

**Child #4 Date of Birth**\_\_\_\_\_

First Name:\_\_\_\_\_Last Name:\_\_\_\_\_

Allergies:\_\_\_\_\_

Special Needs: \_\_\_\_\_

Additional Information: \_\_\_\_\_