



## **CHILDREN/TEENAGERS BIBLE PROGRAMME**

**(AUGUST 2025)**

**Please Complete Form In Block Letters**

NAME:

SURNAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

NAME OF PARENT/GUARDIAN: \_\_\_\_\_

PARENT/GUARDIAN CONTACT ADDRESS: \_\_\_\_\_

PHONE NUMBER(S) OF PARENT/GUARDIAN: \_\_\_\_\_

NAME OF SCHOOL: \_\_\_\_\_

LANGUAGE(S) SPOKEN: \_\_\_\_\_

ARE YOU BORN AGAIN?      YES                      NO

IF YES, WHEN? \_\_\_\_\_

HAVE YOU BEEN BAPTIZED IN THE HOLY SPIRIT WITH THE EVIDENCE OF SPEAKING IN TONGUES?      YES  
NO

IF YES, WHEN? \_\_\_\_\_

HAVE YOU BEEN BAPTIZED IN WATER BY IMMERSION?      YES              NO

IF YES, WHEN? \_\_\_\_\_

### **STUDENT'S ATTESTATION:**

I, \_\_\_\_\_ HEREBY DECLARE THAT THE ABOVE INFORMATION IS TRUE. I PROMISE TO COMPLY WITH THE RULES AND REGULATIONS OF THE INSTITUTION.

SIGN

DATE

### **PARENTAL CONSENT:**

I, \_\_\_\_\_ HEREBY GIVE MY CONSENT THAT MY CHILD/WARD SHOULD FULLY PARTICIPATE IN THIS PROGRAMME.

SIGN: \_\_\_\_\_ DATE: \_\_\_\_\_