



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: _____