

BARNABAS PREP Registration Form



Please note: This is simply a registration form it DOES NOT guarantee a spot for an enrollment year it simply guarantees a spot for the initial application process.

Statement of Faith: We believe God Almighty to be our Creator and Heavenly Father and His son Jesus Christ to be our Lord and Savior. We also believe the Holy Bible to be His inspired Word and as such is our final authority for faith and life. It is our purpose to teach His Word and to glorify Him in all we do.

PLEASE WRITE NEATLY AND LEGIBLY.

Personal Information

Name: _____ Male/Female _____

Enrollment Year: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Current Address (i.e. school): _____

City: _____ State: _____ Zip: _____ T-Shirt size: _____

E-mail: _____

Permanent Address (Parent/Guardian): _____

City: _____ State: _____ Zip: _____ Parent Home Phone :(____) _____

Father's Name _____ Cell Phone: (____) _____

Mother's Name _____ Cell Phone: (____) _____

Date of Birth: _____ Age: _____ Social Security #: _____

Do you have a disability? _____ If yes, what is your diagnosis? _____

Do you use a wheelchair? _____ All the time? _____ If no, how often? _____

Do you use a walker? _____ All the time? _____ If no, how often? _____

Education & Experience

High School: _____ City/State: _____ Graduation Year: _____

College/University: _____ Degree: _____ Graduation Year: _____

How did you hear about Prep? _____

List all previous Camp Barnabas experience: _____

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This section is to give us a little more information about your potential student.

PLEASE WRITE NEATLY AND LEGIBLY.

Personal Information

What does the daily routine for your student look like?

Can you please share how your students diagnosis affects their daily life:

Has your student every been involved in any other independent living programs or other access programs, if yes please explain:

What would be the primary goal for this student to gain by attending Barnabas Prep?
