



Friendship House Roanoke, Inc.

540-343-5437

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fhroanoke@gmail.com

## Back to School Backpack Registration Form

### **CHILD'S INFORMATION**

Name 1.)

\_\_\_\_\_

Age\_\_\_\_\_

Entering grade\_\_\_\_\_ School attending\_\_\_\_\_

Name 2.)\_\_\_\_\_

Age\_\_\_\_\_

Entering grade\_\_\_\_\_ School attending\_\_\_\_\_

Name

3.)\_\_\_\_\_

Age\_\_\_\_\_

Entering grade\_\_\_\_\_ School attending\_\_\_\_\_

### **PARENT/GUARDIAN INFORMATION**

Parent/ Guardian

Name(s):\_\_\_\_\_

Parent/Guardian and child's home

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

\_\_\_\_\_

Phone #:

Home\_\_\_\_\_CELL\_\_\_\_\_WORK\_\_\_\_\_

**Photo Release:** "I give permission for my child to be photographed for photos used by Center staff to show area churches and members the ministry work being done. I understand these photos will not be sold or used in any harmful way, but rather to help tell our story and mission."

Signature\_\_\_\_\_Date:\_\_\_\_\_

**\*\*We will call you when your backpack(s) are ready to be picked up.\*\***