**KINGSWAY PRISON & FAMILY OUTREACH**

**PO BOX 2335 HARRISONBURG, VA 22801**

**Kingsway Apple Tree Application**

Fill out a form for each of your children under age eighteen still in school. If you have more than four children ask for another form.

**(\_) Child’s Name**\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Age\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_

Boy\_\_\_\_\_\_\_\_\_\_ Girl\_\_\_\_\_\_\_\_\_\_\_

**Guardian’s Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ May we contact Guardian: Yes\_\_\_\_ No\_\_\_

**Guardian’s Street Address**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Above must be Street name & Number we do NOT ship to P O Box

Guardian’s City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State \_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_

Guardian’s phone# ( \_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_or Contact phone # ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian is (Circle one) Your Spouse **-**  Child’s grandparent **-**  Foster parent

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## P L E A S E N O T E

#### **Each child will receive 3 items: Age Level Bible or Christian Book**

###### Plus Age Level Board Game and One Gift.

**(\_) Child’s Name**\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Age\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_

Boy\_\_\_\_\_\_\_\_\_\_ Girl\_\_\_\_\_\_\_\_\_\_\_

**Guardian’s Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ May we contact Guardian: Yes\_\_\_\_ No\_\_\_

**Guardian’s Street Address**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Guardian’s City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State \_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_

Guardian’s phone# ( \_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_or Contact phone # ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian is (Circle one) Your Spouse **-**  Child’s grandparent **-**  Foster parent

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Inmate Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**State#**\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Birthday**\_\_\_\_\_\_\_\_\_\_

**Institution\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**KINGSWAY PRISON & FAMILY OUTREACH**

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Child’s Age\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_

Boy\_\_\_\_\_\_\_\_\_\_ Girl\_\_\_\_\_\_\_\_\_\_\_

**Guardian’s Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ May we contact Guardian: Yes\_\_\_\_ No\_\_\_

**Guardian’s Street Address**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Guardian’s City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State \_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_

Guardian’s phone# ( \_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_or Contact phone # ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

P L E A S E N O T E

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Boy\_\_\_\_\_\_\_\_\_\_ Girl\_\_\_\_\_\_\_\_\_\_\_

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Guardian’s City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State \_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_

Guardian’s phone# ( \_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_or Contact phone # ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Inmate Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**State#**\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Birthday**\_\_\_\_\_\_\_\_\_\_\_

**Institution**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_