



GOOD SHEPHERD CHILD CENTRE

P.O. Box 28106

Ssekabaka Kintu Road, Wakaliga, Kampala. Next to IVY'S Hotel Gardens

Tel: 0782 444214 / 0701 111431/ 0776 862296

www.goodshepherdchildcentre.com

goodshepherdchildcentre@gmail.com

APPLICATION FOR ADMISSION

Please come with two passport photos of the child and parents or guardian as well as a copy of the immunization card and birth certificate.

ABOUT THE CHILD

Full name of Child* _____.

Date of birth* _____.

Current age* _____.

Gender* _____.

Nationality* _____.

Faith _____.

Language spoken at home _____.

Fathers full name* _____.

Fathers occupation _____.

Fathers place of work _____.

Fathers contact* _____.

Mothers full name* _____.

Mothers occupation _____.

Mothers place of work _____.

Mothers contact* _____.

Contact Email _____.

Current home address for the Child* _____.

_____.

Do the parents stay together with the Child* Yes No

IF NOT;

Who stays with the child? _____.

Persons contact _____.

Persons relationship with the Child _____.

Who is responsible for fees? _____.

EMERGENCIES

Who can be contacted in case of an
emergency (name)? * _____.

Contact* _____.

Relationship to Child, (eg. parent, doctor...)* _____.

SPECIAL NEEDS OR MEDICAL CONCERNS

Are there any other medical concerns you
would like to bring to our attention? _____.

_____.

PARENTS / GUARDIANS DECLARATION

The information I have provided on the form is correct and complete.

Date: _____.

Sign: _____.