



GO YE FOUNDATION
P.O. BOX 232-40302 NDHIWA
SMS/CALL: +254 736 275 322

REGISTRATION FORM:

Instructions:

- You MUST read through this form thoroughly and then carefully fill in the spaces provided.
- This form MUST be filled in by the parent/guardian together with the child after understanding the information thereof.
- It MUST be completed in BLOCK letters.

BIO-DATA

Child:

Surname: Other Names:
Date of birth: Age:
Place of birth:
Nationality: Religion:

BIOLOGICAL PARENTS:

Father:

Surname: Others:
Date of birth: Age:
Nationality: Religion:

HOME DISTRICT:

District: Division:
Location: Sub-Location:
Village: Street: Plot No.

AREA OF RESIDENCE:

District: Division:
Location: Sub-Location:
Village: Street: Plot No.

Mother:

Maiden Name: Others:
Date of birth: Age:
Nationality: Religion:

HOME DISTRICT:

District: Division:



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Location: Sub-Location:

Village: Street: Plot No.

AREA OF RESIDENCE:

District: Division:

Location: Sub-Location:

Village: Street: Plot No.

Are both parents alive?

Yes		No	
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If still alive, are they staying together?

Yes		No	
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(Tick where applicable)

ORPHAN STATUS:

Both Mother and Father died

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Only mother died

--

Only father died

--

DATE OF DEATH:

	Year	Month	Day
Father			
Mother			

State the number of brother(s) and sister(s) in the family:

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Brother(s)

--

Sister(s)

List their name(s) in the table below with their corresponding ages:

No.	Name	Age	Sex
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			



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PERSON / ORGANISATION THE CHILD IS STAYING WITH:

Person;

Surname: Others:

Relationship with the child:

Area of residence

District: Division:

Location: Sub-Location:

Village: Street: Plot No:

ECONOMIC STATUS OF THE PERSON STAYING WITH THE CHILD:

a) Nature of Employment:

Self-employed

Employed

b) If Self- employed, state:

i. Type of job/ Profession:

ii. Location of the Business:

iii. Postal address:

iv. Office Tel: Mobile:

v. Income per annum:

c) If employed, state:

i. Type of job/ Profession:

ii. Name of Employer/ Company:

iii. Location of the company:

iv. Postal address:

v. Office Tel: Mobile:

vi. Income per annum:

d) State the number of Biological children and Dependants being cared for by that person:

Number of Biological children

Number of Dependants

TOTAL



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HEALTH OF THE CHILD:

Indicate any abnormalities or special cases of illness that the staff should be notified of, such as sickle cell anemia, asthma, AIDS, visual and hearing impairments etc

i.	ii.
iii.	iv.
v.	vi.

REQUIREMENTS:

- a) 2 Photographs:
- b) Letter from a guardian/parent appealing for a well-wisher/donor funding
- c) Letter from Local church appealing for a well-wisher/donor funding
- d) Letter from a government representative in your area
- e) Certificates which are necessary e.g. Birth, Death etc.

REGULATIONS:

The child must whatsoever abide with the rules and regulations of the Organization. Failure to comply, the scheme will not be responsible for the action taken by the against the child and in any case will lose the sponsorship.

DECLARATION:

I solemnly declare that I understand the aforesaid conditions and regulations and the information furnished in this form is true and correct to the best of my knowledge.

Signed by:	Name	Mobile	Sign	Date
Child				
Parent/Guardian				
Parent/Guardian				
Organization				