

CHILD APPLICATION FORM

KAMASHI CHILDREN'S CENTER

Please note: The more information submitted with the application, the better choice can be made. Any information left blank will decrease the child's chance of being accepted! Similarly, attaching a photograph of the child will increase the possibility of the child's acceptance. Questions may be directed to: Kamashi@BlessingTheChildren.org

PERSONAL INFORMATION

Child's full name: Age: Date of Birth:
Child's Ethnic Background: ☐ Gumuz ☐ Berta ☐ Shinasha ☐ Mao ☐ Oromo ☐ Other:
Child's Location: Zone: Wordea: Kebele:

FAMILY BACKGROUND

How Many brothers does he/she have? How Many brothers does he/she have?
Father's full name: Is father deceased? ☐ Yes ☐ No
Job (means of living): Average monthly income:
Job type: ☐ Farming ☐ Government Employee ☐ Other (specify):
Mother's full name: Is Mother deceased? ☐ Yes ☐ No
Job (means of living): Average monthly income:
Job type: ☐ Farming ☐ Government Employee ☐ Other (specify):
If child's biological parents are deceased or unknown:
Guardian's Name: Guardian's age:
Job (means of living): Average monthly income:
Job type: ☐ Farming ☐ Government Employee ☐ Other (specify):
Guardian's relationship to child: ☐ Granparent ☐ Aunt/Uncle ☐ Cousin ☐ Other Family ☐ Non-family

EDUCATIONAL BACKGROUND

Has child ever attended school? ☐ Yes ☐ No If yes, grade complete: ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th ☐ 6th ☐ 7th
If yes, while in school the child's performance was? ☐ Failing ☐ Poor ☐ Average ☐ Good ☐ Excellent

PHYSICAL CONDITION

Child's overall health condition: ☐ Failing ☐ Poor ☐ Average ☐ Good ☐ Excellent
If poor or failing, please explain:
Child's height: Child's weight:
How is the child's hearing? Right ear: ☐ Normal ☐ Problem Left ear: ☐ Normal ☐ Problem
How is the child's sight/vision? Right eye: ☐ Normal ☐ Problem Left eye: ☐ Normal ☐ Problem
Any other physical disabilities? ☐ Yes ☐ No If yes, please specify:

REFERRED BY

Contact person's name: Position:
Organization/Government Name: Phone Number:

I/we do hereby acknowledge the authenticity of the information filled above. I/we take responsibility for it's accuracy.

Printed Name: Signature:

If sumiting electronically: type name for authorization

Completed applications may be submitted by: **Email to:** Kamashi@BlessingTheChildren.org

Print and Mail to: P. O. Box 40645, Addis Ababa, Ethiopia.