

SHEIKH ZAYED CHILDREN WELFARE CENTRE

P O BOX 80162 – 80100, MOMBASA, KENYA
TEL: 020 – 2024163, 0722 223340
EMAIL: enquiries@sheikhzayed.co.ke



NAME OF ORPHAN: _____

GENDER: ___ DATE OF BIRTH: _____ AGE: _____

COUNTY: _____ TOWN/AREA: _____

APPLICATION FOR ADMISSION TO SHEIKH ZAYED CHILDREN WELFARE CENTRE – ORPHANS’ SPONSORSHIP PROGRAMME

Please read the instructions carefully before filling in this form.

INSTRUCTIONS FOR COMPLETING THE APPLICATION FORM.

- 1) Any form which is not filled correctly and honestly will be rejected.
- 2) Only confirmed, genuine needy cases of orphans **BETWEEN THE AGE OF SIX AND EIGHT YEARS (CLASS ONE)** will be considered for admission into the centre.
- 3) Consideration for admission is given to orphans only. Please note that children who require specialized care such as the mentally retarded and the physically handicapped children will not be admitted.
- 4) Once accepted in the Centre, the child’s complete care and welfare will be taken care of until he completes primary level.
- 5) Any child who misbehaves or shows no interest in learning, will be removed from the centre.
- 6) Application forms will only be processed if supported by relevant documents such as: -
 - (a) Birth Certificate of the child.
 - (b) Vaccination (Clinic) Card
 - (c) Father’s Death Certificate
 - (d) Mothers’ ID Card or Death Certificate
 - (e) Any other supporting documents

- 7) Each form must be certified by the Area Chief and the Kadhi personally.
- 8) Any juvenile delinquent including street children will not be accepted in the Centre.
- 9) The application form must be attested by two witnesses who must be reputable people recognized by the Muslim Umma.
- 10) All the children will have to undergo a thorough medical examination before admission.
- 11) All expenses incurred in the process of seeking admission shall be borne by the applicant.
- 12) The duly filled and signed forms must be returned to the Centre before the date shown on the top of the form.

I, ----- the mother/guardian of the applicant is fully aware that the continued stay of the said applicant is subject to good conduct and good performance in school. I have read and fully understood the rules and regulations of the Centre, and I do agree to abide by these rules and regulations fully. I also confirm that all particulars stated in this form are absolutely true. I further agree and accept that should there be any discrepancy or false information declared, then the child will be disqualified and removed from the Centre.

Signed Date.....
(Mother/Guardian)

Witnessed by..... Date.....
Signed (Area chief)

Signed Date.....
(Area Kadhi)

**APPLICATION FOR ADMISSION TO SHEIKH ZAYED
CHILDREN'S WELFARE CENTRE**

The applicant will fill **Sections A, B and C**, **Section D** will be filled by the two witnesses, **Section E** will be filled by the Kadhi and the Area Chief in person. **Section F** will be left blank for official use.

SECTION A:- (About the Father)

Name of the Late Father

Death Certificate No:

Date of Death

Cause of his Death

SECTION B:- (About the Mother)

Name of the Mother.....

Postal Address.....

Mobile /Telephone Number.....

Town of Residence

Area of Residence (include House No., Road and Estate).

Nationality.....

I/D Card Number (attach copy).....

Occupation.....

Name of the employer.....

Salary per month (attach salary slip).....

If both parents are dead, who is the child staying with? (state relationship)

.....

SECTION C: - (About the Child)

Name of the Child (attach Birth Certificate).....

Date of Birth.....

Place of Birth.....

Religion.....

If the child is already schooling in Pre-School, Primary and / or Madrassa.

Name the School/Madrassa.....

Class..... Term

I, the Headmaster/Maalim of the School/Madrassa hereby certify that the information given in **Section C** is correct.

Signature: Date:

Rubber Stamp

SECTION D: - (About the Guardian)

Name of the Guardian

Postal Address.....

Mobile /Telephone Number.....

Town of Residence

Area of Residence (include House No., Road and Estate).

Nationality.....

I/D Card Number (attach copy).....

Occupation.....

Name of the employer.....

Salary per month (attach salary slip).....

How many sisters and brothers does the child have (attach Birth Certificates)

NAME OF BROTHERS/SISTERS	AGE	CLASS	SCHOOL/COLLEGE
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Relatives of the Child.

NAME & ADDRESS	RELATIONSHIP	AREA OF RESIDENCE
1.		
2.		
3.		
4.		
5.		

SECTION D: - (The Witnesses)

Please verify the information filled before signing.

Name:

Relationship to the Applicant:

Address:

Profession:

Signature:

Name:
Relationship to the Applicant:
Address:
Profession:
Signature:

SECTION E: - (to be filled by the Area Chief and the Kadhi)

Please verify the information filled before signing.

I. I.....the Chief of location, certify that the applicant is known to me and the information given in this form is correct and true.

Signature: Date: _____

Mobile No:

Rubber Stamp:

II. I..... the Kadhi of..... town, have interviewed both the applicant and the child and do confirm the information given in this form is true and that the relatives do not have the ability to assist the child's well being. I do therefore strongly recommend him to be accepted by the Centre.

Signature: Date: _____

Mobile NO:

Rubber Stamp:

SECTION F:- (Approval)

Status: _____

House allocation _____ Class Allocation: _____

Comments _____

Chairman / Director: _____ Date: _____