



## **CHILD REGISTRATION FORM**

1. Date of Registration with Time: \_\_\_\_\_

2. Registration No: \_\_\_\_\_

3. Name of Child \_\_\_\_\_ 4. Date of Birth/Age: **\_\_years**

5. Sex (Male/ Female): \_\_\_\_\_ 6. Blood Group of Child: \_\_\_\_\_

### **Profile of Child:**

7. Child Cell Phone: \_\_\_\_\_ 8. Child CNIC: \_\_\_\_\_

9. Child Nationality: \_\_\_\_\_ 10. Child Religion: \_\_\_\_\_

11. Child Birth Place: \_\_\_\_\_

### **Profile Of Father:**

13. Father's Name: \_\_\_\_\_ 14. Nationality: \_\_\_\_\_

15. CNIC No. \_\_\_\_\_ 16. Cell Phone: \_\_\_\_\_

17. Religion: \_\_\_\_\_ 18. Blood Group: \_\_\_\_\_

19. Father Alive (Yes/No)? \_\_\_\_\_ 20. Father Language: \_\_\_\_\_

21. In Case Father Died, Date Of Death: \_\_\_\_\_

22. Address: \_\_\_\_\_

### **Profile Of Mother:**

23. Mother's Name: \_\_\_\_\_ 24. Nationality: \_\_\_\_\_

25. CNIC No. \_\_\_\_\_ 26. Cell Phone: \_\_\_\_\_

27. Religion: \_\_\_\_\_ 28. Blood Group: \_\_\_\_\_

29. Mother Alive (Yes/No)? \_\_\_\_\_ 30. Mother Language: \_\_\_\_\_

31. In Case Mother Died, Date Of Death: \_\_\_\_\_

32. Mother Address: \_\_\_\_\_

### **Profile Of Guardian:**

33. Name of Child Guardian: \_\_\_\_\_ 34. Contact No. \_\_\_\_\_

35. Nationality: \_\_\_\_\_ 36. CNIC: \_\_\_\_\_

37. Guardian Language : \_\_\_\_\_ 38. Blood Group: \_\_\_\_\_

39. Relation between Child & Guardian: \_\_\_\_\_

40. Guardian Address: \_\_\_\_\_

41. Guardian Permanent Address: \_\_\_\_\_

**42. Authorize Persons allow to meet with Child:**

<b>SR No</b>	<b>Name</b>	<b>CNIC Number</b>	<b>Contact No.</b>

**43. Siblings details of Child:**

<b>SR No</b>	<b>Name</b>	<b>Sex</b>	<b>Age</b>	<b>Contact No.</b>
<b>01</b>				
<b>02</b>				
<b>03</b>				
<b>04</b>				

**44. Child Physical Status:** \_\_\_\_\_.

**45. Child Mental Status:** \_\_\_\_\_.

**46. Does Child have any Disease (if Yes Name of Disease):** \_\_\_\_\_.

**47. Are child getting any type of education?**

**48. The Nature of Protection/Need Required by Child:** **Shelter**

**49. Child handed over by:** \_\_\_\_\_.

**50. Name of Person/Police Officer/Magistrate who handed over child to Centre: Ref #**

\_\_\_\_\_.

\_\_\_\_\_  
**SIGNATURE: DIRECTOR, SHELTER HOME**

\_\_\_\_\_  
**SIGNATURE: SHIFT INCHARGE**