# **Touch A Life Child Application**

#### Personal Information on the child:

Name of Child KAYENY SHARON

Gender Female (femenino)

**Date of birth** Saturday, September 18, 2010

Nationality: UGANDAN

**Country** Uganda

**Town** NEBBI

What is the child's current status?

Orphan (Huerfano)

Please write a story about how the child became orphaned or destitute or abandoned. (Make it as detailed as possible and use additional paper if necessary.)

There was internal conflict which led both of the parents got burned in the house one night living the child orphan in the community.

# **Family Information:**

Does the child have any natural brothers or sisters? (If the answer is yes, please list their names and current ages.)

Name (Nombre)

yes

ATYERONIMUNGU LIBERTY

Please enter a number

14

**MONICA ANGEL** 

Please enter a number

16

What is the child's eye color?

BLACK

What is the child's hair color?

BLACK

What language(s) does the child

speak?

ALUR LANGUAGE (MOTHER TONGUE)

What are the typical foods eaten by the child?

What is the child's favorite color?

Has the child ever gone to school?

BEANS, CASSAVA, MEAT ETC.

BLACK

Is the child currently attending school?

Why is the child not currently NO SCHOOL FEES attending school?

If the child has toys, what does he like BABY TOY the most?

What toys does the child wish to BABY TOY have?

What is the father's name? ODWOKACEN CHARLES

What is the father's occupation and was APEASANTS FARMER weekly salary?

What is the mother's name?

ANGEI DORINE

What is the mother's occupation and WAS APEASANT FARMER weekly salary?

Describe the specific living conditions of the child in detail. List the child's material possessions.

The condition of the child is fair.

Describe the condition of the house and living area.

Is very bad.

#### Photograph of the house/orphanage



# **Spiritual Information:**

Has the child accepted Christ as their personal Savior?

Yes

Does the child attend Sunday School regularly?

Yes

What is the name of the church?

PAROMBO GREATER GRACE CHURCH

What city is the church in?

**ARUA CITY** 

What is the pastor's name?

OYIRWOTH SILVIAS

Does the child have a favorite Bible story or verse?

**GENESIS 1:1** 

## **Medical Information**

Does a doctor examine the child regularly?

No

Does the child have any physical or mental handicaps?

No

What is the child's height?

Please enter a number

100.5

cm

What is the child's weight?

Please enter a number

29

kgs

Where is the child now living?

Orphanage (orfanato)

## **Orphanage Information**

Where is the orphanage located?

**NEBBI** 

What is the name of the adult who is responsible for the orphanage?

PR.OSAGA ROBERT

#### **Christian Home Information**

## **Summary**

If you would like to give us any information other than what was asked, please do so here.

The child right now is attending feeding centre in Nebbi Erussi sub-county.

**Date Application Completed** Friday, June 9, 2023

**Application completed by** PR. OSAGA ROBERT

Signature of person completing

application

**Application approved by (Director)** PR. 0

PR. OSAGA ROBERT