

# 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.)	<b>Name (Nombre)</b>
	yes
	ATYERONIMUNGU LIBERTY
	<b>Please enter a number</b>
	14
	MONICA ANGEL
	<b>Please enter a number</b>
	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?** BEANS, CASSAVA, MEAT ETC.

**What is the child's favorite color?** BLACK

**Has the child ever gone to school?** No

**Is the child currently attending school?** No

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

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

**What toys does the child wish to have?** BABY TOY

**What is the father's name?** ODWOKACEN CHARLES

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

**What is the mother's name?** ANGEI DORINE

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

**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. OSAGA ROBERT