



GCC MANN-JOSIAH MEMORIAL CENTER

DATE: _____

REGISTRATION FORM

❖ Section 1: Child's Personal Information

Full name: _____

Date of Birth / Age: _____

Gender: Male Female

Place of Birth: _____

Nationality: _____

Religion: _____

Passport Size
Picture

❖ Section 2: Parent/Guardian Information

Father's Name: _____

Mother's Name: _____

Guardian's Name (If Applicable): _____

Relationship to Child: _____

Contact Number: _____

Emergency Contact: _____

Address current/ Permanent: _____



GCC MANN-JOSIAH MEMORIAL CENTER

❖ Section 3: Health Information

Allergies: _____

Chronic Illnesses: _____

Disabilities/Special Needs: _____

Current Medications: _____

Other Vaccinations e.g. (polio): _____

Living Situation (Who was taking care of child before?) _____

❖ Section 4: Profile Information

Reason for Registration: _____

Abandoned(if applicable): _____

Has the child been admitted to an another Home/Center before:

YES NO

Other (Specify): _____

❖ Section 5: Educational Background

Current or Last Attended School: _____

Grade Level: _____

Favorite Subjects: _____

Special Education Needs: _____



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➤ Particular of Child's close Relatives/Sibling if any alive:

<i>NAME</i>	<i>Address</i>	<i>Relationship with the Child</i>	<i>Age</i>	<i>Occupation</i>

➤ Provide the Person's (info), Applying Registration for the Child and his or her relationship with the child:

<i>NAME</i>	<i>Address</i>	<i>Relationship with the Child</i>	<i>Age</i>	<i>Occupation</i>

➤ I certify that the information provided above is true and accurate to the best of my knowledge and belief. I also agree that, if the child is admitted to the **GCC Memorial Center**, they will Follow to all rules, regulations, and instructions issued by the institute from time to time.

Signature / Thumb
Impression of the child

Signature / Thumb
Impression of the person



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❖ Required Documents:

Please gather the following documents and make sure to bring the originals with you to your interview:

1. One copy of CNIC -Father & Mother (If applicable)
2. One copy of Guardian (CNIC)
3. Parental Death Certificate (If applicable)
4. B-form / CRC / Birth Certificate
5. Medical Records / Vaccination Records
6. Previous School Records
7. Consent Letter by Parent/Guardian

For Office Use: GCC Mann-Josiah Memorial Center.

Particulars of the Child _____ D/S/o _____

Of _____ as given above are checked and found correct / incorrect, thereof the child is admitted / not admitted in the GCC Memorial center. In case of refusal to admitted give detail reason below: _____

Registration No: _____ Signature of Rev. Pastor Younas: _____

Date: _____ Signature of Incharge of Center: _____

For more Information contact us: 0300-5024168, 0300-5676400, 0312-5282556