



KALANIKETAN *Shishukunj*

An Institution Dedicated to the Welfare and Cultural Development of Children
Chemelil Road, P.O.Box10301 - 00400 Nairobi, Kenya.

Tel: +254 -700-085-868 Email: kalaniketanshishukunj@gmail.com

MEMBERSHIP APPLICATION FORM

FULL NAME: _____

DATE OF BIRTH: _____ PLACE OF BIRTH (Country): _____
DD/MM/YYYY

SCHOOL: _____ CLASS/YEAR: _____

INTERESTS & HOBBIES: _____

CHILD'S EMAIL ID: _____

MEDICAL HISTORY (IF ANY): _____

INSURANCE DETAILS (IF ANY): _____

FATHER'S DETAILS

FULL NAME: _____

DATE OF BIRTH: _____ PLACE OF BIRTH (Country): _____
DD/MM/YYYY

TELEPHONE NUMBER (PERSONAL): _____

EDUCATION: _____

WORKPLACE NAME: _____

NATURE OF BUSINESS/COMPANY: _____

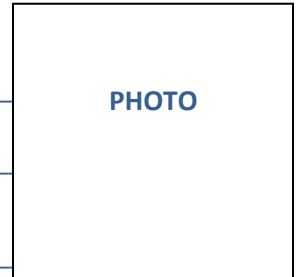
EMPLOYED/SELF EMPLOYED: _____

IF EMPLOYED, POSITION AT WORKPLACE: _____

EMAIL ADDRESS: _____

TELEPHONE NUMBER (IF DIFFERENT FROM ABOVE): _____

INTERESTS & HOBBIES: _____





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MOTHER'S DETAILS

FULL NAME: _____

DATE OF BIRTH: _____ PLACE OF BIRTH (Country): _____
DD/MM/YYYY

TELEPHONE NUMBER (PERSONAL): _____

EDUCATION: _____

WORKPLACE NAME: _____

NATURE OF BUSINESS/COMPANY: _____

EMPLOYED/SELF EMPLOYED/HOUSEWIFE: _____

IF EMPLOYED, POSITION AT WORKPLACE: _____

EMAIL ADDRESS: _____

TELEPHONE NUMBER (IF DIFFERENT FROM ABOVE): _____

INTERESTS & HOBBIES: _____

COMMON DETAILS

PHYSICAL RESIDENTIAL ADDRESS: _____

P.O.BOX _____ CODE: _____

Parent's Signature: _____ DATE: _____

FOR OFFICIAL USE ONLY

RECEIVED ON: _____
DD/MM/YYYY

MONTH and YEAR OF ENROLLMENT: _____ RECEIPT NO: _____