NO HUNGRY CHILD

CHILD EDUCATION & NUTRITION PROGRAM

CHILD REGISTRATION & PARTICIPATION APPLICATION

A. CHILD DETAILS

Child ID (office use): _____

Child's Full Name: _____

Name by which child is commonly known:

_____

Date of Birth / Approximate Age: _____

Gender: _____

Current Address / Locality: _____

How long has the child been living in this locality?

_____

Photograph attached: Yes / No _____

B. CURRENT LIVING & VULNERABILITY STATUS

Tick all that apply:

☐ Living on the street / without stable shelter

☐ Homeless / temporary accommodation

☐ Living in a slum / highly vulnerable community

☐ Family is frequently mobile / migrant

☐ Not currently attending school

☐ Has dropped out of school

☐ Has never been enrolled in school

☐ Engaged in work / labour instead of regular schooling

☐ Other vulnerability (specify):

Brief description of the child's current living situation:

_____

_____

C. PARENT / GUARDIAN DETAILS

Father's Name (if applicable): _____

Mother's Name (if applicable): _____

Parent / Legal Guardian's Name: _____

Relationship to Child: _____

Mobile Number: _____

Alternate Contact Number: _____

D. EDUCATION DETAILS

Is the child currently attending school? Yes / No

_____

School Name (if currently enrolled): _____

Last class/grade attended: _____

When did the child stop attending school?

_____

Reason for non-enrolment / dropout: _____

Initial learning assessment (office use): Reading: ☐ Beginning ☐ Basic ☐ Functional Writing: ☐ Beginning ☐ Basic ☐ Functional Numeracy: ☐ Beginning ☐ Basic ☐ Functional

E. CHILD'S PARTICIPATION

☐ Child is willing to attend the centre regularly.

☐ Child can reasonably travel to the centre.

☐ Parent/guardian agrees to support regular attendance.

☐ Parent/guardian understands that this is an education, development and nutrition program—not only a meal program.

F. PROGRAM PARTICIPATION & CONSENT

I, the parent/legal guardian named above, understand that the No Hungry Child Education & Nutrition Program is intended primarily to support children who are out of school, homeless, living on the streets or in vulnerable communities, or otherwise in need of structured educational and developmental support. The program aims to help children develop education, hygiene, healthy habits, discipline, positive behaviour, life skills and responsible citizenship, together with access to a nutritious meal.

I voluntarily agree to my child's participation in the program and will support regular attendance and cooperation with the program team. I understand that the organisation may maintain records necessary for beneficiary verification, attendance, monitoring and impact reporting.

G. PHOTOGRAPH / MEDIA CONSENT

Photographs or videos may be taken for identification, monitoring and program documentation. Separate permission should be obtained before using the child's image for public communication, social media, fundraising or promotional purposes.

☐ I consent to photographs being used for program records and monitoring.

☐ I separately consent to photographs/videos being used for public communication or fundraising.

☐ I do NOT consent to public use of my child's photograph/video.

H. DECLARATION

I confirm that the information provided in this form is true to the best of my knowledge. I understand the purpose of the program and agree to cooperate with the program team in the child's best interests.

Parent / Guardian Name _____	Signature / Thumb Impression _____
Date _____	Place _____
Field Worker Name _____	Field Worker Signature _____
Program Coordinator _____	Date of Verification _____

I. OFFICE USE ONLY

Verification date: _____

Verified by: _____

Eligibility category: ☐ **Priority** ☐ **Possible** ☐ **Not eligible**

_____

Reason for selection / non-selection: _____

Baseline assessment completed: Yes / No _____

Admission approved by: _____

Confidential beneficiary record — for authorised program use only