

東華三院香港鑪峯獅子會幼兒園

Tung Wah Group of Hospitals Lions Club of the Peak HK Nursery School

(暫託服務申請表)

(Occasional Child Care Service Application Form)

			2 1 November 1-10
(A) 兒童姓名:	(中文)		幼兒園專用 案編號 : <u>OCC-</u> ///////////////////////////////////
Child Name(English)			青日期 :
	□ 男 Male □ 女 Female	収え	長者簽署:
		11/2/2	見日期 : 青結果 : □A □WD □R □DA
	Date of Birth:		3 学 次 翌・
	書號碼 Birth Certificate No:		
出生地點F	Place of Birth:□ 香港 HK	□ 國內 MAINLAND	□ 外國 FOREIGN
電話 Teleph	none/Mobile:		
住址 Addres	ss:		
按香港政府衛	新生署規定接受免疫注射情況 TI	he Immunization condition und	er The Department of Health The
	of the HKSAR	,	
□□□□三元成(Completed □ 1.能出示針咭 Wi		
□ 尚未完良	□ 2.禾耜出小軒哈 戍,原因 Not yet, reason:	Without Immunization Record	
			EJ [] [] Check dute.
-	ent(s) other than Birth Certificate is us		
(B):豕長/監護	人資料 Parent/Guardian's Pa		監護人(請註明關
	↑ 文学目		
	父親 Father	母親 Mother	篇·曼八(萌缸·列翰 徐:)
中文姓名		· " =	
中文姓名 Name in Chinese 英文姓名		· " =	
Name in Chinese 英文姓名 Name in English		· " =	
Name in Chinese 英文姓名		· " =	
Name in Chinese 英文姓名 Name in English 日間聯絡電話 Contact No. 十教育程度		· " =	
Name in Chinese 英文姓名 Name in English 日間聯絡電話 Contact No. +教育程度 +Education Level:		· " =	
Name in Chinese 英文姓名 Name in English 日間聯絡電話 Contact No. +教育程度 +Education Level: *職業 * Ocuppation:		· " =	
Name in Chinese 英文姓名 Name in English 日間聯絡電話 Contact No. +教育程度 +Education Level: *職業		· " =	
Name in Chinese 英文姓名 Name in English 日間聯絡電話 Contact No. +教育程度 +Education Level: *職業 * Ocuppation: 工作地區 Work District	Father	Mother	
Name in Chinese 英文姓名 Name in English 日間聯絡電話 Contact No. +教育程度 +Education Level: *職業 * Ocuppation: 工作地區 Work District 備註 Remarks +:	Father (P) 小學 Primary level (S) 中學	Mother Secondary level (U)大學 University	係:)
Name in Chinese 英文姓名 Name in English 日間聯絡電話 Contact No. +教育程度 +Education Level: *職業 * Ocuppation: 工作地區 Work District 備註 Remarks +:	Father (P) 小學 Primary level (S) 中學 (H)主婦 Housewife (M) 體力工	Mother Secondary level (U)大學 University	係:) ersity level (O)其他 Others
Name in Chinese 英文姓名 Name in English 日間聯絡電話 Contact No. +教育程度 +Education Level: *職業 * Ocuppation: 工作地區 Work District 備註 Remarks +: *: (C) 家庭背景 Factor	Father (P) 小學 Primary level (S) 中學 (H)主婦 Housewife (M) 體力工(P) 專業工作 Professional (O)其何 (Amily Background)	Mother Secondary level (U)大學 Universet (U)大學 Universet (S) 服務行業 (D) 化 Others 家庭 Single Parent (D)	係:) ersity level (O)其他 Others

修訂日期: 11/2022 P.1/2

	□ 具他(請註明) Others(Specify)
	主要照顧者 Main Caretaker
	□ 父親 Father□ 母親 Mother□ 祖父母 Grandparents□ 外傭 Domestic Helper
	□ 媬姆 Child Career □其他 Other
	兒童健康 Health Condition
	□ G6PD(忌臭丸/樟腦/蠶豆等) □ 哮喘 Asthma □ 敏感(請註明) Allergy(specify)
	兒童行為 Behavior
	□ 喜愛 Likes □ 害怕 Afraid of □ 其他 Other
(D)	服務時段 Details of Service
	□ 有需要才約時 Booking when in need
	□ 穩定式半日暫託 個月(請註明)
	Regular half-day service for months (specify the duration)
(E)	使用服務原因 Reason for seeking service
(—)	□ 照顧者長時間或不固定時間工作 Caretaker working long or irregular hours
	□ 缺乏足夠照顧者 Incapable of childcare because of housework
	□ 照顧者出席與工作有關的約會/培訓/活動 Caretaker is on course or at examinatio
	□ 照顧者休假/辭職 Caretaker is on vacation or resignation
	□ 照顧者患病/求診/入院 Caretaker is sick or medical appointment or hospitalization
	□ 照顧者須處理家人/親友的特別需要 Caretaker having care for other family members needs
	□ 學校假期 School Holidays
	□ 其他 other
(F)	同意書 Agreement
	本人同意把兒童
	I agree to putunder the care of your nursery school, and I declare that the above
	information is true.
	家長/監護人簽署 Signature of parent/guardian:
	日期 Date:
書 ✓ ∶	適當□內。Please tick ✓ the appropriate □.
цн,	CHI 1 Trems for an abbrobrance

附註: 本園會使用閣下提供的資料處理兒童入園的申請及安排服務,本園會確保閣下資料絕對保密;而保存時間, 亦不會超過辦理閣下的申請及使用服務所需的時間,除供東華三院屬下在工作上需要知道該等資料的職員使 用外,本園亦可能向下列人士/機構披露該等資料:

- 1. 其他涉及評定閣下的幼兒入園的有關部門,例如政府社會福利署、衛生署;
- 2. 閣下在聲明內同意向其披露資料的有關人士/機構;
- 3. 由法律授權或法律規定須向其披露資料的有關人士/機構。

Remarks: The information provided in this form will be used to process your application and to arrange the necessary service.

The information will be kept confidential. The information will be retained by us until your application has been processed and the provision of our services is over. The information is restricted to those staff member of Tung Wah Group of Hospitals who need to have access to the information for work purposes. The information may also be released to the following people or organizations:

- (i) Those departments which are involved in processing your application for admission. Examples of these departments are Education Bureau, Social Welfare Department and Health Departments;
- (ii) those people or organizations over which you have given your consent in your declaration;
- (iii) those people or organizations to whom the information has to be released in accordance with legal authorization or legal requirement

修訂日期: 11/2022 P.2/2