

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

(延展時間服務申請表)
(Extended Hours Service Application Form)

(A) 兒童姓名：(中文) _____

Child Name(English) _____

性別 Sex： 男 Male 女 Female

出生日期 Date of Birth： _____

出生證明書號碼 Birth Certificate No： _____

出生地點 Place of Birth： 香港 HK 國內 MAINLAND 外國 FOREIGN

電話 Telephone/Mobile： _____

住址 Address： _____

幼兒園專用	
檔案編號：	_____ (<input type="checkbox"/> DN <input type="checkbox"/> OCC)
申請日期：	_____
收表者簽署：	_____

特別情況 Health Condition：

食物／藥物敏感 Food/Drug Allergy _____ 皮膚敏感 Skin Allergy

發燒抽筋 Twitch because of fever 特別病症 Special Disease _____

特別行為 Special Behavior _____

(B)：家長/監護人資料 Parent/Guardian's Particulars

	父親 Father	母親 Mother	監護人(請註明關係:_____)
中文姓名 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 * Occupation:			
工作地區 Work District			

備註 Remarks †：(P) 小學 Primary level (S) 中學 Secondary level (U)大學 University level (O)其他 Others

*：(H) 主婦 Housewife (M) 體力工作 Manual work (S) 服務行業 Service sector (C) 文職 Clerical
(P) 專業工作 Professional (O)其他 Others

(C) 家庭背景 **Family Background**

雙職家庭 Working Parents 單親家庭 Single Parent

中港家庭(指父/母其中一人為國內居民)

One of parents who is not Hong Kong Resident

新到港家庭(指父/母其中一人由中國來港居住未滿一年)

Immigrants who have resided in Hong Kong less than one year

受綜合社會保障援助家庭 Recipients of Comprehensive Social Security Assistance Scheme

其他(請註明) Others(Specify) _____

(D) 同意書 Agreement

本人同意把兒童 _____ 交 貴園託管，並確保以上所報資料屬實。

I agree to put _____ under 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 : _____

請 適當 內。 **Please tick the appropriate .**

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/中心亦可能向下列人仕/機構披露該等資料：

- (i) 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；
- (ii) 閣下在聲明內同意向其披露資料的有關人仕/機構；
- (iii) 由法律授權或法律規定須向其披露資料的有關人仕/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.