

東華三院羅黃碧珊幼兒園

Tung Wah Group of Hospitals Lo Wong Pik Shan Nursery School

(暫託服務申請表)

(Occasional Child Care 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	: OCC-_____ /
申請日期	: _____
收表者簽署	: _____
約見日期	: _____
申請結果	: <input type="checkbox"/> A <input type="checkbox"/> WD <input type="checkbox"/> R <input type="checkbox"/> DA
接見者簽署	: _____
入園日期	: _____

按香港政府衛生署規定接受免疫注射情況 The Immunization condition under The Department of Health The Government of the HKSAR

- 已完成 Completed 1.能出示針咭 With Immunization Record (核對日期 Check date: _____)
 2.未能出示針咭 Without Immunization Record
 尚未完成，原因 Not yet, reason：_____ (核對日期 Check date: _____)

(B)	姓名 Name	身份証號碼 (英文字母及頭三位數字) HK ID No (English letters and the first three digits)	電話 Tel.	聯絡地址 Postal Address (Insert if different from above)
	父親 Father			
	母親 Mother			
	已授權 接送人 Guardian			

(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)_____

主要照顧者 Main Caretaker

父親 Father 母親 Mother 祖父母 Grandparents 外傭 Domestic Helper
 嫺姆 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 examination

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 _____ 交貴園託管，並確保以上所填報資料屬實。

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