

**東華三院羅黃碧珊幼兒園**  
Tung Wah Group of Hospitals Lo Wong Pik Shan 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 \_\_\_\_\_

	姓名 Name	身份證號碼 (英文字母及頭三位數字) HK ID No (English letters and the first three digits)	聯絡地址及電話 Tel. & Postal Address (Insert if different from above)
(B)	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) \_\_\_\_\_

(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.