

Po Leung Kuk Lui Chan Wai Ching (Kwai Fong) Kindergarten-cum-Nursery

Extended Hours Service Application Form

Registration No. : _____

Date of Registration : _____

1. Name of Child : (Chinese) _____

Sex : ☐ Male ☐ Female

(English) _____

Place of Birth : _____

Date of Birth : _____ (_____ years old)

Birth Certificate No. : _____

Address : _____

Tel. : _____

2. Name of Parent / Guardian : _____

Relationship : _____

HKID No. : _____

Contact No. : _____

3. Name of other Contact Person: _____ Relationship: _____ Tel.: _____

4. Do you apply for Extended Hours Service fee subsidy? ☐ Yes _____ ☐ No _____

* If ✓ 「Yes」, please fill in the application form (Part 1 & 2) of the Social Service Department

I hereby declare that the information provided in this application form is true and accurate, and I undertake to notify the school once there is any change of particulars regarding this application.

In accordance with the Personal Data (Privacy) Ordinance, I understand that the personal data provided in this form will be used by Po Leung Kuk for the purpose of applying Extended Hours Service only. The data collected will be kept confidential.

Name of Parent / Guardian : _____

Signature of Parent / Guardian : _____

Date : _____

Name of Staff : _____

Signature of Staff : _____

Date : _____