

# Po Leung Kuk Lam Ting Lai Ling 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 : \_\_\_\_\_