

## Tung Wah Group of Hospitals Zonta Club of Kowloon Nursery School

### Occasional Child Care Service Application Form

(A) Child Name : \_\_\_\_\_  
(First) (Middle) (Last)

Date of Birth: \_\_\_\_\_ Sex:  Male  Female

Birth Certificate Number: \_\_\_\_\_

Place of Birth: HK Mainland Other country: \_\_\_\_\_

Contact No: \_\_\_\_\_

Address: \_\_\_\_\_

**For school use ONLY**

Application no.: \_\_\_\_\_

Submission Date: \_\_\_\_\_

Receiver's signature: \_\_\_\_\_

Date of interview: \_\_\_\_\_

Result of the Interview:  
A WD R DA

Interviewer's Signature: \_\_\_\_\_

Date of Admission: \_\_\_\_\_

The Immunization condition under The Department of Health The Government of the HKSAR

Completed  1. With Immunization Record (Check date: \_\_\_\_\_)  
 2. Without Immunization Record

Not yet, Reason \_\_\_\_\_ (Check date: \_\_\_\_\_)

(B)

	Name	HK ID No.	Telephone	Postal Address (if different from above)
Father				
Mother				
Guardian				

(C) **Family Background**

Working Parents  One of parents who is not Hong Kong Resident

Single Parent  Immigrants who have resided in Hong Kong less than one year

Recipients of Comprehensive Social Security Assistance Scheme  Other(Specify): \_\_\_\_\_

**Main Caretaker**

Father  Mother  Grandparents  Domestic Helper  Child Career  Other \_\_\_\_\_

**Health Condition**

G6PD  Asthma  Allergy(Specify) \_\_\_\_\_

**Behavior**  Likes \_\_\_\_\_  Afraid of \_\_\_\_\_  Other \_\_\_\_\_

(D) **Details of service**  Booking when in need

(E) **Reason for seeking service**

Caretaker working long or irregular hours  Incapable of childcare because of housework

Caretaker is on course or at examination  Caretaker is on vacation or resignation

Caretaker is sick or medical appointment or hospitalization  Caretaker having care for other family members needs

School Holidays  Other \_\_\_\_\_

(F) **Agreement**

I agree to put \_\_\_\_\_ under the care of your nursery school, and I declare that the above information is true.

Signature of parent/guardian: \_\_\_\_\_

Date: \_\_\_\_\_

✓ Please tick the appropriate box

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