

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

Registration No. : \_\_\_\_\_

Hong Kong Society for the Protection of Children

Park’N Shop Staff Charitable Fund Nursery School

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**Extended Hours Service Application Form**

A. Child’s Name: \_\_\_\_\_(English)\_\_\_\_\_ (Chinese)

Date of Birth : \_\_\_\_\_

Sex: Male / Female

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

Telephone No.: \_\_\_\_\_

Within the same vicinity of the service unit

Not within the same vicinity of the service unit

Special needs of the child (e.g. health, behaviour, etc): \_\_\_\_\_

B.

	Name	Relationship with Child	Emergency Contact No.
Applicant’s Particulars (Father / Mother / Guardian / Caretaker)			

C. Referral

Social Welfare Department

Other Government Departments

Non-government Organization

Pre-primary Child Care Centre (Name:\_\_\_\_\_)

Walk-in Application (Through mass media e.g. radio, television, newspaper, etc)

Walk-in Application (Others, please indicate\_\_\_\_\_)

D. Notes to Applicant (EHS)

1. Besides informing the parents promptly, the service unit reserves the right to bring the child to the government hospital when sudden illness or accident arises. The medical fee will be paid by parent if it is an illness case.
2. Fee paid is non-refundable and non-transferable (including service suspension when typhoon or rainstorm is hoisted), please consider carefully before you make the payment.
3. Service unit may take photos and videos of children activities when necessary. These could help us to conduct program evaluation, staff training programs and service promotion activities.
4. Applicant or his/her designate should show the pick up authorization card. Otherwise, you should show the HKID Card for identity verification, and inform the service unit the name of the designated person to pick up the child.
5. If applicant does not comply with the rules and regulations set by service unit, he/she will be requested to withdraw the service and his/her re-application for this service will not be accepted.
6. According to the Privacy Ordinance, the information on this application form is provided voluntarily and will be used for enrolment assessment as well as provision of appropriate care and arrangement for the children. Incomplete information may lead to failure to process the application. The information may be provided to concerned government departments and other parties when necessary. The information provider could access, correct and obtain a copy of his/her given personal data.

I, \_\_\_\_\_, \* Parent / Guardian / Caretaker  
of \_\_\_\_\_ (Name of Child) have been informed of all the terms of  
the above notes, and agree the concerned arrangements of the service unit.

Signature of \* Parent / Guardian / Caretaker : \_\_\_\_\_

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

\* Please delete where appropriate