Po Leung Kuk Liu Sew Har Kindergarten-cum- Child Care Centre

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：_____ Relationship：_____

   HKID No.：(First 4 digital)：_____ Contact No.：_____

3. Name of Guardian：_____ Relationship：_____

   HKID No.(First 4 digital)：_____ Contact No.：_____

4. Date of applying extended Hours Service: _____

   Time of applying extended Hours Service：_____

5. 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：_____