

暫託服務申請表

(甲) 幼兒資料：

幼 兒 姓 名	中文：	英 文：
出 生 日 期		年 齡
出 世 紙 編 號		性 別 <input type="checkbox"/> 男 <input type="checkbox"/> 女
住 址		

幼兒特殊需要 (例如：健康、行為等)：_____

幼兒健康狀況： 良好 / 患病，請註明：_____

現在有否服用藥物： 沒有 / 有，請註明藥物名稱：_____

(乙) 家長監護人資料：

資 料	第一聯絡人	第二聯絡人	第三聯絡人
中 文 姓 名			
英 文 姓 名			
與 幼 兒 關 係			
電 話	日 間		
	手 提 電 話		

遇緊急情況，將按以上次序聯絡家長/監護人。

(丙) 申請原因：

- 照顧者需長時間或不定時的工作
- 照顧者出席見工/再培訓課程/其他與就業相關的活動
- 照顧者因患病、覆診或需住院
- 照顧者不足，需要臨時託兒服務
- 照顧者需探訪或照顧其他患病家人/親戚/朋友
- 照顧者因離港、休假、辭職等，暫時無法照顧孩子
- 於學校假期時需要臨時暫託幼兒服務
- 其他，請註明：_____

家長/監護人姓名：_____ 家長/監護人簽署：_____ 日期：_____

如因經濟狀況需申請資助，請與職員聯絡。

此表格所提供的個人資料會用作處理服務申請之用。服務結束後，如不再需要該等個人資料，有關紀錄會根據個別資料的處理政策刪除。根據個人資料（私隱）條例規定，申請人有權要求查閱、更正及更新其個人資料。如有查詢，請與我們聯絡。

Hong Kong Sheng Kung Hui Welfare Council Limited
Hong Kong Sheng Kung Hui St. Nicholas' Nursery School

Application for Occasional Child Care Service

(A) Child's Particulars :

Name	English :	Chinese :	
Date of Birth		Age	
Birth Certificate No.		Sex	<input type="checkbox"/> M <input type="checkbox"/> F
Home Address			

Special Needs of the child (e.g. health condition, behavior): _____

Health Condition: Good / Sick, please specify: _____

On medication: No / Yes, please provide name of the medicines: _____

(B) Parent's / Guardian's Particulars :

Particulars		1 st contact person	2 nd contact person	3 rd contact person
Name in English				
Name in Chinese				
Relationship with the Child				
Contact Tel. No.	Daytime			
	Mobile			

In case of emergency, the school will contact the parent/ guardian in the above sequence.

(C) Reason(s) for Application :

- Carers have long or irregular working hours
- Carers need to attend job interviews / employment retraining programmes / other employment-related activities
- Illnesses / Medical appointment / Hospitalization of carers
- In need of temporary child care service due to inadequate carers
- Carers having to care for/ attend to other family members/ relatives/ friends
- Carers temporarily unavailable because of vacation leave, resignation, etc.
- In need of temporary child care service during school holidays
- Others, please specify: _____

Name of Parent/Guardian: _____ Signature of Parent/Guardian: _____ Date: _____

If you need to apply for subsidy due to financial conditions, please contact our staff.

Personal data provided in this form will be used for processing your application for service. After completion of service, when such personal data is no longer required, such record will be disposed of according to the relevant handling policies. In accordance with the Personal Data (Privacy) Ordinance, applicants have the right to request access to and correction of their own personal data. Please contact us for any enquiries.