

Registration Date : _____

Registration No. : _____

Hong Kong Society for the Protection of Children

Day Creche

Extended Hours Service Application Form

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): _____

Information of the person picking up the child

Name	Relationship with Child	Emergency Contact No.

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 _____)

Service Options

- If center cannot provide extended hours service, I will accept using the occasional child care service independently.
- I must use both occasional child care service and extended hours service simultaneously.

Note: The number of places for occasional child care services in our center is greater than that for extended hours service. The waiting times for day care and extended services differ. Please be aware of this.

Please put a "✓" in the appropriate box "☐".

Reason for Applying for Services:

- (1) *Single-parent families and families with special needs
- (2) *Parents who are long-term patients, disabled persons, or those with other medical needs
- (3) *Family emergencies
- (4) *Cases referred by social workers
- (5) Parents who need to work long hours
- (6) Parents participating in retraining courses
- (7) Seeking employment
- (8) Other (please specify): _____

Note: Cases marked with an asterisk (*) are eligible for priority service, but valid proof must be provided for our center's review.

Application for Extended Hours Service

- Regular Use: Monday to Friday 6:00pm - 7:00pm
Saturday 1:00pm to _____
- Occasional Use: _____ times per month, on _____, from _____ to _____

Domestic Helper Information: Our family * employs does not employ a domestic helper.

Application Guidelines:

1. In case of sudden accidents or acute illnesses involving children, the service unit reserves the right to send them to the nearest public hospital for emergency treatment, in addition to notifying parents immediately. If the child is sick, the medical fees must be borne by the parents.
2. Fees that have been paid are non-refundable and cannot be transferred to other dates (including service suspensions due to typhoons or heavy rain). Therefore, parents are kindly requested to carefully consider before making a reservation and payment.
3. The service unit may photograph and videotape activities involving children within the unit as needed for activity reviews, staff training, service promotion, and other purposes.
4. When collecting children, applicants or their designated persons must present the pickup card; if unable to present the card, the identity of the collector must be verified using an HKID card, and the applicant must notify the service unit of the collector's name in advance by phone.
5. If the applicant fails to comply with the regulations set by the service unit, such as failing to pay fees on time, late pick-ups, etc., the service unit may request the applicant to withdraw their child and refuse their future applications for the service.
6. In accordance with the Privacy Ordinance, the information provided on this application form is voluntary and will be used for enrollment assessment as well as to provide appropriate care and arrangements for the children. Incomplete information may result in the inability to process the application. The information may be shared with relevant government departments and other parties when necessary. The information provider has the right to access, correct, and obtain a copy of their personal data.

I am _____ (Name of Child)'s ▲Parent / Guardian / Caregiver, and I have acknowledged and agreed to the above "Application Guidelines" and the related arrangements of the service unit.

▲Signature of Parent / Guardian / Caregiver: _____ Date: _____

Please put a "✓" in the appropriate box "☐".

▲ Please delete where not applicable.