**REGISTRATION FORM**

**[RESTRICTED]**

when entered with data

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

**I. Information on Child：**

Name of Child： (English) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Chinese) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(if any) Sex：M / F

Date of Birth： \_\_\_\_ dd\_\_\_\_ mm\_\_\_\_yy Place of Birth：H.K / Mainland China / Overseas : \_\_\_\_\_\_\_\_\_\_\_

Age： \_\_\_\_\_\_\_\_\_ HKID/Birth Certificate No./ OR Other I.D.:：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current School：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Grade：\_\_\_\_ (20\_\_\_ to 20\_\_\_ school year)

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

Contact Number： (residential) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mobile) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Father/Mother/Guardian)

**Parent / Guardian will through their service unit and apply for the Hong Kong Society for the Protection of Children’s “Protection of Angels Fund” / “HKSPC Relief Fund”**

**\*** NOTE：our service will not commence until the successful application of the “Protect the Angel Fund”

**Other funding support / Service.** If yes, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please briefly describe current areas or issues that are difficultfor yourchild: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please attachanextra page if required)

**II. How do you know about our centre?**

Hospital / Child Assessment Service  Family/Friends  Seminar

Promotion Leaflet/Poster  School  Internet

Other：**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**III. Child Health Information：**

1. Is your child receiving regular check-ups with the Maternal and Child Health Center / Private Medical Doctor? （Yes / No）
2. Have your child been previously assessed by a Medical Doctor / Psychologist/ Speech Therapist / Occupational Therapist? （Yes / No）

If yes，where：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_； Result ：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assessment Date：\_\_\_\_\_\_\_\_ mm\_\_\_\_\_\_yy

1. Have your child ever had Chick pox? （Yes / No）

**IV. Information on Parent/Guardian (if both parents are not the legal guardian of the child)：**

Name of Father：(English) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Chinese) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (if any)

Occupation： \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year of Birth： \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Education level：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile： \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s status: HK permanent residence / HK residence / with tourist visa / with working visa / others : \_\_\_\_\_\_\_\_\_\_\_\_

Name of Mother： (English) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Chinese) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (if any)

Occupation： \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year of Birth：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Education level：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile： \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s status: HK permanent residence / HK residence / with tourist visa / with working visa / others: \_\_\_\_\_\_\_\_\_\_\_\_

Name of guardian **\***： (English) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Chinese) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (if any)

Working institution / relationship with child：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I.D./ passport no.**\*\***：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth**\*\***：\_\_\_\_\_dd\_\_\_\_\_mm\_\_\_\_\_\_yy

Contact tel. ：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\***if applicable **\*\*** if not belongs to a working institution

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name (English/Chinese, if any)** | | **Age** | **Relationship with Child** | **Education Level** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**V. Other Family Member:**

Child’s main caregiver：Parents／Grandparents／Domestic Helper／Other, please specify ：\_\_\_\_\_\_\_\_

Language spoken at home：English／Other please specify ：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VI. Service Categories：**

**Applicant is applying for the following service**：

Educational Psychologist Service (Please circle if appropriate: Consultation / Assessment \* / Individual Training / Counseling)

Registered Social Worker Service (Please circle if appropriate: Consultation / Counseling)

Children Developmental and Training Instructor (Individual Training)

**\* Educational Psychologist will conduct a pre-assessment interview prior entering to assessment service.**

**Applicant / Refer would like to apply time for the service:** (Please note information is for reference only; we apologize if we fail to arrange the specific time slot requested by you.)

Mornings  Afternoons

**NOTE:**

Please bring along the following documents for verification and follow up on the first appointment:

* Child HKID / Birth Certificate No. / OR Other I.D. (Must be true copy)
* Parent HKID / OR Other I.D. (can be copy of the document)
* If child has previously been assessed or received trainings, please provide relevant supportive information (photocopy，if applicable)

**To be filled by Centre for Child Enlightenment Staff**

Case Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Application Received Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Follow-Up Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Personnel Required:  Educational Psychologist  Registered Social Worker

Children Development and Training Instructor

Service Required:  Consultation  Assessment**\***

Individual Training / Counseling

Funding Support:  Protect the Angel Fund  Other, please specify: \_\_\_\_\_\_\_\_\_\_\_

**\* Educational Psychologist will conduct a pre-assessment interview prior entering to assessment service**.

**First appointment Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First appointment Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**