



仁濟醫院永隆幼稚園/幼兒中心

Yan Chai Hospital Wing Lung Kindergarten /Child Care Centre

入學申請表
Application Form

編號：_____ No. _____

甲部：申請人資料

Part A : Applicant's Particulars

姓名(中文)	Name(In English)	性別 男/女 Sex M/F	請貼上近照 Affix here a recent photo
證件編號 Document No.	證件類別 Document Type:	出生地點: Place of Birth:	
出生日期____(日)____(月)____(年) Date Of Birth ____ (d)____(m)____(y)	到港日期(非本港出生者): Date of Arrival (Not born in H.K.)		
住址 Address:	電話 Tel. No.:		

乙部：家庭資料

Part B : Family / Guardian's Particulars

關係 Relationship	姓名 Name	職業 Occupation	日間電話 Tel. No.(Day)	夜間電話 Tel. No.(Night)	備註 Remarks
父 Father					
母 Mother					
監護人 Guardian					

如監護人屬申請人父母則無須填寫監護人一欄
No need to fill in the guardian column if the parents are guardians

丙部：其他資料 (請在適當□加“√”)
Part C: Other information(put a“√”in the appropriate box)

申請原因：_____ Reason of Application

申請年度： Expected Admission Year	<input type="checkbox"/> 2018-2019 年度學位	<input type="checkbox"/> 2 歲 (N 班)
	<input type="checkbox"/> 2019-2020 年度學位	<input type="checkbox"/> 3 歲 (K1 班)
	<input type="checkbox"/> 其他：_____	

介紹來源： 自行申請 親友鄰里 社區團體轉介 宣傳途徑(單張、海報、展板等)
Source of Referral Self-applicant Relatives/Neighbors Community Organization Propaganda(pamphlets, poster, exhibition board)

其他，請註明_____ Other, please specify

照顧情況： 在家中由家人照顧 由他人託管：*日託/日夜託 託嬰園：*日託/日夜託
Conditions of care: At home by family members By others: day/day and night Crèche: day/day and night

其他，請註明_____ Others, please specify

本人謹聲明為上述申請人的家長/監護人*。本人已明白印於附頁有關於在此表格提供個人資料的用途，和有關查閱及改正資料的權利。本人並聲明此表格內的資料全屬正確無訛。

I declare that I am the parent/guardian* of the aforementioned applicant. I understand the purpose for which the personal data provided by means of the form will be used, as well as my rights for data access/correction as printed overleaf. I also declare that to the best of my knowledge and belief the information contained in this form is true and correct.

*請將不適用者刪去 Delete whichever is inappropriate

日期
Date : _____

家長或監護人簽署
Signature of Parent/Guardian: _____

機 構 專 用	收表日期： _____	入學日期： _____
	聯絡日期： _____	班 別： _____
	致函日期： _____	退學日期： _____
	接見日期： _____	退學原因： _____
	註冊日期： _____	備 註： _____

家長/監護人注意事項
Notes for Parents/Guardian

- 1 本校可能將收集所得的個人資料向其他政府部門披露，以便核實資料及作其他有關的用途。
The Centre may disclose the personal data collected to Government department for verification and other related purposes.
- 2 你必須在此表格供所需個人資料。倘若所提供的資料不充足，本學校可能無法辦理有關申請。
You must provide all the personal data required in this form. If information provided is insufficient/inadequate, the centre may not be able to process your application.
- 3 此表格乃供輪候之兒童及入學兒童之家長/監護人自願填寫，台端所提供之資料，只供本機構及有關機構作為參考之用，家長可要求查閱及更正本機構存備之資料。
This form is filled in voluntarily by the parents/guardians of the applicant. The information provided will only be used by this agency and related organizations for reference purpose. Parents/Guardians can request to access and correct their personal data kept by this agency.
- 4 取消輪候之兒童，本表格及所交來之資料亦作即時銷。
If the application is cancelled, this form and the material submitted will be destroyed immediately.
- 5 中途退學及畢業生之資料將會永久保存。
Information of dropouts and graduates of this Centre is kept permanently.
- 6 申請表只可以申請一個年度的學位。
Each application form is only available for the specific academic year.
- 7 任何與所收集的個人資料有關的查詢，包括要求查閱和改正資料，應提交：
Enquiries relating to personal data collection, including requests for access and correction, should be addresses to:

仁濟醫院永隆幼稚園/幼兒中心
地址：上水彩園邨彩玉樓地下
電話：2679 7337

YCH-Wing Lung Kindergarten/Child care centre
Address: G/F, Choi Yuk House, Choi Yuen Est., Sheung Shui
Tel: 2679 7337

家長閱後簽署： _____

備 註：遞交申請表時，請連同以下文件寄回/交回：上水彩園邨彩玉樓地下

Remarks: Completed form should be returned to: G/F, Choi Yuk House, Choi Yuen Est., Sheung Shui

★ 貼上郵票之回郵信封兩個

Two stamped self-addressed envelopes

★ 申請人出生證明文件副本乙張

A copy of the birth certificate of the applicant

(獲安排接見幼兒需要繳交報名費\$30)