



Yan Chai Hospital Wing Lung Kindergarten /Child Care Centre

Application Form

No. : _____

Part A : Particulars of Applicant

Last Name:	First Name:	Gender: M / F	Affix here a recent photo
HKID/Passport No.:	Birth Certificate Type:	Place of Birth:	
Date Of Birth ____ (d) ____ (m) ____ (y)	Date of Arrival (Not born in H.K.):	Nationality:	
Address:		Tel. No.:	

Part B : Particulars of Parents / Guardian

Relationship	Name	Occupation	Tel. No.(Day)	Tel. No.(Night)	Remarks
Father					
Mother					
Guardian					

No need to fill in the guardian column if the parents are guardians

Expected Admission Year:

- 2023-2024 Nursery Class
 2024-2025 Kindergarten Class (K1/K2/K3)
 Others : _____

Part C: Other information(put a“✓”in the appropriate box)

Reason of Application : _____

Source of Referral : Self-applicant Relatives/Neighbors Community Organization Propaganda(pamphlets, poster, exhibition board)

Other, please specify _____

Conditions of care: At home by family members By others: day/day and night Crèche: day/day and night

Others, please specify _____

Notes for Parents/Guardian

- The Centre may disclose the personal data collected to Government department for verification and other related purposes.
- 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.
- 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.
- If the application is cancelled, this form and the material submitted will be destroyed immediately.
- Information of dropouts and graduates of this Centre is kept permanently.
- Each application form is only available for the specific academic year.
- Enquiries relating to personal data collection, including requests for access and correction, should be addresses to:

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

Remarks: Completed form should be returned with required documents:

- ★ Two stamped self-addressed envelopes
- ★ A copy of the birth certificate of the applicant

If you send the application form by post, please call our school within one week after posting for us to give you a queue number. (There is a non-refundable interview fee of \$30 pay on interview day)

Signature of Parent/Guardian: _____

Date: _____

For School Use

Received date : _____	Admission date : _____
Contact date : _____	Class : _____
By a letter dated : _____	Withdrawal date : _____
Interview date : _____	Withdrawal reason : _____
Registration date : _____	Remark : _____