



# 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 \_\_\_\_\_

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.

**\*Delete whichever is inappropriate**

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 : _____

### Notes for Parents/Guardian

- 1 The Centre may disclose the personal data collected to Government department for verification and other related purposes.
- 2 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 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 If the application is cancelled, this form and the material submitted will be destroyed immediately.
- 5 Information of dropouts and graduates of this Centre is kept permanently.
- 6 Each application form is only available for the specific academic year.
- 7 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:** \_\_\_\_\_