

Po Leung Kuk Social Services Department(Babies Section)
Application form for Happy Baby Land Temporary Child Care Service

Name of Child : (English) _____ (Chinese) _____ Sex : _____

Date of Birth : _____ No. of Birth Certificate / other I.D. No. : _____

Name of Parents/ Guardian : _____ I.D. No. : _____

Address : _____

Contact no. : (Home) _____ (Office) _____ (Mobile) _____

Name of Trustee : _____ I.D. No. : _____

Relationship : _____ Contact no. : _____

*** (To be filled up by trustee only)**

In case of emergency, please contact :

① Name : _____ Relationship : _____ Contact no. : _____

② Name : _____ Relationship : _____ Contact no. : _____

Will be picked up by :

① Name : _____ I.D. No. : _____ Relationship : _____ Contact no. : _____

② Name : _____ I.D. No. : _____ Relationship : _____ Contact no. : _____

Health Record of the Child (please state, if any special health problems. For example, G6PD) :

I consent to the feeding of medication by Kuk's staff.

Date of Service : _____ Time : From _____ to _____

Name of Parents/ Guardian/ Trustee : _____ Signature : _____ Date : _____

Name of Staff : _____ Signature : _____ Date : _____

Where did you know about us :

Leaflet Posters Kuk's Website Social Welfare Department Friends Others : _____

For enquiry, please contact 2277-8194 during office hour ; 9462-0579 / 2277-8192 for non-office hour.