

# Child Health Service – First Registration Form (1)

Label

*This form consists of two pages*

**(Please read through the “Collection of Personal Data - Statement of Purposes” before you fill in this registration form and return the completed form to registration counter on the day of your first appointment.)**

Particulars of Child			
Name in Chinese: Surname	<input type="text"/>	Given Name	<input type="text"/>
Sex: <input type="checkbox"/> Male		<input type="checkbox"/> Female	
Name in English: Surname	<input type="text"/>	Given Name	<input type="text"/>
Date of Birth (dd-mm-yyyy):	<input type="text"/>	-	<input type="text"/>
Place of Birth:	<input type="checkbox"/> Hong Kong	<input type="checkbox"/> Mainland China	<input type="checkbox"/> Others (Please specify) _____
Date of entry if born in Mainland China (dd-mm-yyyy):	<input type="text"/>	-	<input type="text"/>
Name of Birthing Hospital in Hong Kong:	<input type="text"/>		
Registration No. of Birth Certificate (if not available, other documents#):	<input type="text"/>		

Contact Information			
Address^:	Flat <input type="text"/>	Floor <input type="text"/>	Block <input type="text"/>
	Name of Building <input type="text"/>	Estate <input type="text"/>	
	Street No. <input type="text"/>	Street Name <input type="text"/>	District <input type="text"/>
Tel. No.:	(Home) <input type="text"/>	(Mother's office) <input type="text"/>	(Father's Office) <input type="text"/>
	(Mother's Mobile) <input type="text"/>	(Father's Mobile) <input type="text"/>	
Email:	<input type="text"/> @ <input type="text"/> (This email belongs to: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other Carers)		
(Note: the provided email address will be used solely for communication by Department of Health)			
<b>Other than parents, please provide contact information of another person.</b>			
Name:	Relationship: <input type="text"/>		Tel. No.: <input type="text"/>
Primary Contact:	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Other

Particulars of Mother			
Name in Chinese: Surname	<input type="text"/>	CCC <sup>(1)</sup> : Surname	<input type="text"/>
Given Name	<input type="text"/>	Given Name	<input type="text"/>
Name in English: Surname	<input type="text"/>	Given Name	<input type="text"/>
Date of Birth (dd-mm-yyyy):	<input type="text"/>	-	<input type="text"/>
HKID / Other Document No.:	<input type="text"/>		
<b>Entry Type:</b>			
<input type="checkbox"/> 0) Permanent Resident <sup>(2)</sup>	<input type="checkbox"/> 6) Non-Permanent Resident from places other than Mainland China <sup>(2)</sup>		
<input type="checkbox"/> 1) Non-Permanent Resident from Mainland China <sup>(2)</sup>	<input type="checkbox"/> 7) Visitor from places other than Mainland China		
<input type="checkbox"/> 5) Visitor from Mainland China (Exit-entry permit / Recognizance)	<input type="checkbox"/> 9) Others (please specify) _____		
<b>Occupation:</b> <input type="text"/>			
<b>Education Attainment:</b>			
<input type="checkbox"/> 1) No Schooling	<input type="checkbox"/> 4) Lower Secondary (S1-S3)	<input type="checkbox"/> 8) Post-secondary (Degree / Postgraduate course)	
<input type="checkbox"/> 2) Pre-primary (Kindergarten / child care centre)	<input type="checkbox"/> 5) Upper Secondary (S4-S5/6/7, Project Yi Jin)	<input type="checkbox"/> P) Others: _____	
<input type="checkbox"/> 3) Primary (P1-P6)	<input type="checkbox"/> 7) Post-secondary (Diploma / Certificate / Sub-degree course)		

Particulars of Father			
Name in Chinese: Surname	<input type="text"/>	CCC <sup>(1)</sup> : Surname	<input type="text"/>
Given Name	<input type="text"/>	Given Name	<input type="text"/>
Name in English: Surname	<input type="text"/>	Given Name	<input type="text"/>
Date of Birth (dd-mm-yyyy):	<input type="text"/>	-	<input type="text"/>
HKID / Other Document No.:	<input type="text"/>		
<b>Entry Type:</b>			
<input type="checkbox"/> 0) Permanent Resident <sup>(2)</sup>	<input type="checkbox"/> 6) Non-Permanent Resident from places other than Mainland China <sup>(2)</sup>		
<input type="checkbox"/> 1) Non-Permanent Resident from Mainland China <sup>(2)</sup>	<input type="checkbox"/> 7) Visitor from places other than Mainland China		
<input type="checkbox"/> 5) Visitor from Mainland China (Exit-entry permit / Recognizance)	<input type="checkbox"/> 9) Others (please specify) _____		
<b>Occupation:</b> <input type="text"/>			
<b>Education Attainment:</b>			
<input type="checkbox"/> 1) No Schooling	<input type="checkbox"/> 4) Lower Secondary (S1-S3)	<input type="checkbox"/> 8) Post-secondary (Degree / Postgraduate course)	
<input type="checkbox"/> 2) Pre-primary (Kindergarten / child care centre)	<input type="checkbox"/> 5) Upper Secondary (S4-S5/6/7, Project Yi Jin)	<input type="checkbox"/> P) Others: _____	
<input type="checkbox"/> 3) Primary (P1-P6)	<input type="checkbox"/> 7) Post-secondary (Diploma / Certificate / Sub-degree course)		

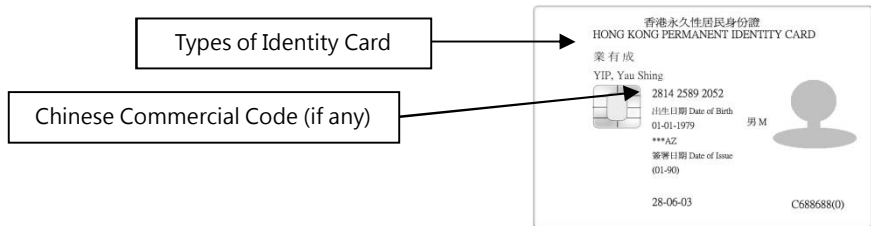


## Child Health Service – First Registration Form (2)

<b>Other Family Particulars</b>	
Parents' Marital Status: <input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Cohabited	
Comprehensive Social Security Assistance Recipient: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Number of Children: _____	
<b>Other Information of Child</b>	
Expected Date of Confinement (EDC) (dd-mm-yyyy): <input type="text"/> - <input type="text"/> - <input type="text"/>	
Weight at Birth (kg): <input type="text"/> (e.g.: X.XXX, to the third decimal place)	
Type of Birth: <input type="checkbox"/> Single <input type="checkbox"/> Twin <input type="checkbox"/> Multiple	
<b>SMS Reminder for appointments</b>	
(only applicable to services of Immunisation, Developmental Surveillance, Hearing Screening, Preschool Vision Screening, Articulation Assessment & Developmental Assessment)	
<input type="checkbox"/> I <b>agree</b> to receive SMS Reminder through <b>HK mobile tel. no.</b> of the following person: (Select ONE): <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Others: _____ Mobile tel. no.: _____	
<input type="checkbox"/> I do not agree to receive SMS Reminder for appointments	
SMS Language (Select ONE): <input type="checkbox"/> Chinese (Traditional) <input type="checkbox"/> Chinese (Simplified) <input type="checkbox"/> English	
<i>Remark: The SMS Reminder Service will be effective within 14 days after submission of this Form. DH cannot guarantee successful receipt of SMS message.</i>	
<b>Family Health Service “Online Membership Program” Registration</b>	
Do you agree to become a member of the Online Membership Program, and receive the latest information on parenting and child health? Please ✓ on the appropriate box. <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you agree, we will send the “Parent-Child e-Link” e-newsletters to your email address provided in this registration form.	
Please choose the language of the e-newsletters: <input type="checkbox"/> Chinese (Traditional) <input type="checkbox"/> Chinese (Simplified) <input type="checkbox"/> English	
<b>Completed by</b>	
I understand and accept that the information provided above will be used by the Department of Health in accordance with the “Collection of Personal Data - Statement of Purposes”.	
Signature: _____ Name: _____	
Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Others (please specify) _____	
For others, ID document held: <input type="checkbox"/> HKID <input type="checkbox"/> Others (please specify): _____	
Document No. (First 4 alphanumeric characters): <input type="text"/>	
Date: _____ (Please show the above document (original or copy) for verification.)	

**Remarks:**

(1) **CCC (Chinese Commercial Code):** refers to 4-digit code below the name in the Hong Kong Identity Card (see diagram below)



(2) **Permanent Resident** refers to person who holds the Hong Kong **Permanent** Identity Card.  
**Non-Permanent Resident** refers to person who holds the Hong Kong Identity Card.  
 Please refer to the types of Hong Kong Identity Cards (see diagram above)

- ^ If Hong Kong address is not provided, we will not be able to send letters to you.
- # Parents or guardians should provide a valid Hong Kong birth identity document once it is available. If fail to do so, all child health services will be charged as per the prevailing gazetted charges for Non-Eligible Persons.