

特別遊戲時間 (申請表)

Child's Name (兒童姓名): _____ | _____ (_____)
(Surname 姓) (First name 名) (中文)

Contact Person (聯絡人): _____ Contact Number (聯絡電話): _____

Gender (性別): M (男) / F (女) Age (年齡): _____ Class (就讀年級): _____

Date of birth (出生日期): Y (年) / M (月) / D (日) _____

Family Composition (put*beside the name of principal caregiver(s))

同住家庭成員(請在主要照顧者旁加*號)

Name 姓名	Relationship 關係	Gender 性別	Age 年齡	Occupation 職業	Education level 教育程度

Has the child received or is the child presently receiving any psychological (Diagnosis or Assessment), counselling services or play therapy? 小童曾否或現正接受任何心理診斷及評估，輔導服務或遊戲治療?

Yes (是) No (否)

If yes, please specify (如有請列明):

Reasons for using the services (接受特別遊戲時間原因):
