

Dealer

St. James' Settlement Wanchai Integrated Family Service Centre Program(s) Enrollment Form

Mem	bership No.:	MS	7000	This	unit has the right						proof, can enjo	•	_	ration eligi	ibility
For member, you only need to fill in information with *		A			В				С				D		
Chinese Name *															
Englis	sh Name ∗														
	(Age) ∗	M / F , ()			M / F	M / F , ()			M / F , ()			M / F , ()			
Date of Birth★ (mm/yy)					/										
Relationship with Applicant ★															
Mobil	e No. ∗														
CSSA Recipient *			□YES	□NO	□YES	□NC		□YES		□NO		□YES □N			
Hong Kong Resident		□YES □NO			□YES	□NC				/ES	□NO		□YES □NO		
	al Status	1.Ne	ver marrie	d / 2.Co-hat	oited / 3.Marrie	ed /4 .Se	epara					rried / 7.\	Widowed		
	e mark the no.		$\frac{/3/4/5}{1/1}$	/6/7	1/2/3/4/	5/6/	7	1/	$\frac{2}{3}$	3/4/	/5/6/7	1/2/	/3/4/:	5/6/7	
Reside Addre		nr /	KLN / NT								Home Teleph	one No.			
Email	address					1 1		1			<u> </u>	1 1	1 1		
Program Info						CSSA	C22A				No. of				
	Program Code No.		F	Program(s) N	lame	(√)	Pa	rticipa	ants'	No.	Enrolled persons	Fee(\$)	Receipt No.		I
1	IFS						Α	В	С	D	AC		AC	C	
2	IFS						Α	В	С	D			AC		
3	IFS								С	D			AC		
 Hong Kong Residents only. Applicant should fill in the application form and hand it to the reception counter at 12/F. Payment can be made by cash or cheque; Application by post: Please send us a crossed cheque (payable to St. James' Settlement) at least 7 days before commencement of the program; Program fee is non-refundable unless the program is cancelled or postponed. Please bring along the receipt for refund within one year after the specified date after being informed by our staff; For details, please visit our website: http://ifsc.sjs.org.hk No refund can be rendered after the refund period is expired. CSSA members can enjoy 50% discount unless further specified; All applications are handled under first-come-first-served basis unless further specified; No transfer of enrollment to any person is allowed; Each applicant can only submit application for 1 family each time. I agree and understand "Collection and Handling of Personal Data" policy of the center. All information submitted will be handled in confidential and will only be accessed by related staff. If necessary, it will be used for program contact, and disclosed to Social Welfare Department for audit. Applicants can request access to or correction of these personal data. The data will be deleted 3 years after program completion. I agree that the center can update the member registration record according to the information filled in this form. I understand that during the event, if there is an accident due to misfortune or physical discomfort due to health conditions, I will be fully responsible and have nothing to do with the center. 															
Ap St.	plication an James' Sett	i d Enq i lement,	uiry: ,12/F, 85 Sto	one Nullah Lar	required for appose, Wanchai., H. ebsite (http://ifsc.s	K.			3)		one: 2835434 program informa				
S	Service Item(s)	O Application received & Data verification				O Notify Replenishment (At least one week b			efore Service) (At leas			anges O Confirmed reply days for consideration)			
A F F	Result	O Accepted O Rejected / Terminated			·	O Accepted O Rejected / Terminated					O Accepted O Rejected / Terminated				
0	Reason					ed / Ter	minat	ea				, , , , , , , , , , , , , , , , , , , ,	leu		
N	Date					ed / Ter	minat	eu					a ted		