

CHILD CARE SERVICES ORDINANCE CAP. 243

**APPLICATION FOR EXEMPTION FROM REGISTRATION
OF MUTUAL HELP CHILD CARE CENTRE**

Notes for application

- (1) Please write in block letters and delete whichever inappropriate(*)
- (2) Please send this Form to Child Care Centres Advisory Inspectorate, Room 2312, 23/F, Southorn Centre, 130 Hennessy Road, Wan Chai, Hong Kong.

Part I

- (1) Name of representative: * (English)
Mr./Mrs./Miss/Ms _____
(Chinese)

(Post Title)

(H.K.I.C. No.)

- (2) Name of organisation: _____ (English)
_____ (Chinese)
- (3) Address and Tel./Fax no. of organisation _____ (English)
_____ (Chinese)
Tel. no.: _____
Fax no.: _____
- (4) Contact person : *Mr./Mrs./Miss/Ms _____ (English)
_____ (Chinese)
- (5) Correspondence address & Tel./Fax no. : _____
Tel. no.: _____
Fax no.: _____

Part II

With reference to Section 11B (1) of the Child Care Services Ordinance Cap. 243, I, on behalf of the organisation, hereby apply for the premises specified below for exemption from registration to be a mutual help child care centre.

- (1) Name of proposed centre : _____ (English)
_____ (Chinese)
- (2) Full address & tel./fax. no. of proposed centre : _____ (English)
_____ (Chinese)
Tel. no.: _____ Fax no.: _____

Part III

Relevant Certificates attached :

- (1) Copy of Certificate from the Director of Fire Services

Reference : _____ Date of issue : _____

- (2) Copy of Certificate from the Director of Buildings/Director of Housing/Director of Architectural Services

Reference : _____ Date of issue : _____

- (3) Copy of Work Completion Certificate (WR1 Form) plus a copy each of the Certificates of Registration of Electrical Worker and Electrical Contractor and/or* Periodic Test Certificate (WR2 Form) for fixed electrical installation

Registration no. of electrical contractor : _____ Date of completion : _____

- (4) The Certificate of Completion or Certificate of Annual Inspection/Maintenance in duplicate for gas installation work*, if necessary, plus a copy each of the Gas Installer Registration Card and Certificate of Registration of Gas Contractor :

Registration no. of gas contractor : _____ Date of completion : _____

Signature : _____ Date : _____
(with seal of organization)