	Ap	plicant's Addr		
Officer-in-charge				
Child Care Centres Advisory Inspectorate				
Social Welfare Department				
Unit 206, 2/F., THE HUB				
23 Yip Kan Street				
Wong Chuk Hang				
Hong Kong				
Dear Sir/Madam,				
Application for Adjustmen	nt of Capacity	in Child Car	e Centre	
Name of centre:				
Address of centre:				_
				_
I14 1/1 41 61/4	C	1.11.1	D	· · · · · · · · · · · · · · · · · · ·
I would like to apply for adjustmen centre are as follows: -	t of capacity if	i my child ca	re centre. Part	iculars of
centre are as follows: -				
(A)				
(i) Maximum Capacity:				
		No. of Places		
Capacity (ii) Existing Approved Capacity	Full Day	AM	PM	
(II) Existing Approved Capacity				
(iii) Proposed Capacity after Adjustment				
w.e.f				
		•	1	
(B) <u>Children Served</u>				
 □ 0-3 years □ 0-2 years 	2-3 y	/ears	☐ 2-6 years	

(C) Current Staff Strength

Name	HKIC No./	Post	CCS/	Working Hours First Aid				
	Passport		CCW No.	(please √)		<i>(</i>)	Other working hours	Cert. No.
	No.*			AM +	AM	PM	(please specify)	and
				PM				Expiry
								Date
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
*Please delete as	appropriate							
(D) Existing Fac	<u>ilities</u>							

(i)	No. of children toilet pans:
(ii)	No. of children-size wash basins:
(iii)	No. of urinal troughs/bowls:

(E) Remarks

I understand that I have to appoint sufficient child care staff and to provide such provisions and facilities as required by the Child Care Services Regulations and the Operation Manual for Pre-primary Institutions.

	Signature of Operator/Centre Supervisor:
(Off' 1)	Name of Operator/Centre Supervisor:
(Office seal)	Tel. No.:
	Date: