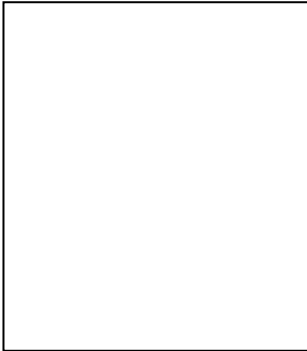


OFFICE USE ONLY

Oktatási azonosító szám (OM number): _____
Óvodai felvételi előjegyzési szám: _____
Jogviszony kezdete: _____
Jogviszony megszűnése: _____
Jogviszony megszűnésének oka: _____



INTERNATIONAL KINDERGARTEN AND NURSERY

**1124 BUDAPEST, FODOR U. 36.
PHONE: 356-2440
EMAIL: info@happykids.hu**

CHILD APPLICATION FORM

Please, write clearly in BLOCK CAPITAL letters and tick boxes where applicable.

PROFILE

NAME: _____ GENDER: _____
Family First Middle

PREFERRED NAME: _____

NATIONALITY: _____ PASSPORT/HUNGARIAN ID CARD NO.: _____

DATE OF BIRTH: _____ PLACE OF BIRTH (CITY): _____
Day Month Year

ENROLLMENT DATE (*kindergarten only - date the original Application Form was submitted*): _____

***ONLY FOR CUDDLY KOALAS**

START DATE: _____ NO. OF DAYS*: 5 FULL 5 HALF

**(Please note that children in the young nursery have to be at least 18 months old on their first day of settling in. The options of 5 half days are only offered for the Cuddly Koalas Nursery class.)*

LEAVE DATE (IF KNOWN): _____

HOME ADDRESS: _____
Zip Code City Street No.

HOME PHONE NO.: _____ HEALTH INSURANCE NO. (TAJ NO.): _____

NATIVE LANGUAGE: _____ OTHER LANGUAGES SPOKEN: _____

CHILD'S PROFICIENCY IN ENGLISH (CIRCLE ONE): EXCELLENT GOOD FAIR POOR

DETAILS OF PARENTS/CARERS

PARENT/CARER 1

TITLE: _____

NAME: _____ MAIDEN NAME (if applicable): _____
Family First Family First

NATIONALITY: _____ PASSPORT NO.: _____

HOME ADDRESS: _____

OCCUPATION: _____ E-MAIL: _____

COMPANY: _____
Name Address

WORK PHONE NO.: _____ MOBILE NO.: _____

Please, tick:

- Authorised to pick up the child
- To be contacted in case of emergency
- Invoice Payer
- Has parental responsibility for the child

PARENT/CARER 2

TITLE: _____

NAME: _____ MAIDEN NAME (if applicable): _____
Family First Family First

NATIONALITY: _____ PASSPORT NO.: _____

HOME ADDRESS: _____

OCCUPATION: _____ E-MAIL: _____

COMPANY: _____

Name Address

WORK PHONE NO.: _____ MOBILE NO.: _____

Please, tick:

- Authorised to pick up the child
- To be contacted in case of emergency
- Invoice Payer
- Has parental responsibility for the child

PARENT/CARER 3

TITLE: _____

NAME: _____ MAIDEN NAME (if applicable): _____
Family First Family First

NATIONALITY: _____ PASSPORT NO.: _____

HOME ADDRESS: _____

OCCUPATION: _____ E-MAIL: _____

COMPANY: _____

Name Address

WORK PHONE NO.: _____ MOBILE NO.: _____

Please, tick:

- Authorised to pick up the child
- To be contacted in case of emergency
- Invoice Payer
- Has parental responsibility for the child

PARENT/CARER 4

TITLE: _____

NAME: _____ MAIDEN NAME (if applicable): _____
Family First Family First

NATIONALITY: _____ PASSPORT NO.: _____

HOME ADDRESS: _____

OCCUPATION: _____ E-MAIL: _____

COMPANY: _____

Name Address

WORK PHONE NO.: _____ MOBILE NO.: _____

Please, tick:

- Authorised to pick up the child
- To be contacted in case of emergency
- Invoice Payer
- Has parental responsibility for the child

APPLICATION PROCEDURE

The School Director will evaluate the application, and a decision on acceptance will be made when all of the following have been completed and received. A personal interview is usually required.

- Registration fee paid Date: _____
- All supporting documents listed on page 11 Date: _____
- Received information about the Settling in Policy Date: _____

RESPONSIBILITY

HAPPY KIDS International Kindergarten and Nursery and its representatives will ensure the educational and physical well-being of each child under its care. We undertake to inform parents in a reasonable time of any areas of concern and provide maximum professional advice and assistance as felt necessary. HAPPY KIDS undertakes to carry out its educational programme in the best interests of each child. We reserve the right to deny admission or to exclude a child if it is felt that HAPPY KIDS cannot offer an appropriate program, if information regarding a child has not been submitted accurately or due to other exceptional circumstances. Please refer to the 'Happy Kids Admission Policy 2026/2027'. In all cases, the School Director's decision is final.

This application is for my child's admission to Happy Kids International Kindergarten and Nursery for the 2026/2027 school year. In signing this application, I acknowledge that I have read, understood, and accept the terms and conditions above, together with the Admissions Policy and Procedures 2026/2027 and the current Financial Policy in place during my child's attendance at Happy Kids, and agree to be bound by them.

Parent's signature: Date:

DOOR TO DOOR MINIBUS TRANSPORT SERVICE

Yes! I am interested in using the minibus service offered by Happy Kids.

Parent's signature: Date:

PARENT CONSENT FORM

Yes! I We give consent for our child _____ to take part in outings and regular sporting programs from the age of 2.5 years, including swimming and skiing (from age 4), arranged and supervised by HAPPY KIDS International Kindergarten and Nursery. Transport is by the school minibus.

PRIVACY POLICY

In signing this application, we acknowledge that we have read and understood the terms and conditions of the Happy Kids Data Protection/Privacy Policy. Please follow the link for full disclosure:

<https://happykids.hu/wp-content/uploads/2025/09/gdpr-policy-customers-sep-2025.pdf>

We accept the necessary processing/copying of personal data without further special consent to complete the contractual relationship.

Parent's signature: Date:

PHOTOGRAPHIC / VIDEO DOCUMENTATION

During the school year, photographs/videos of school events and activities are taken of children for school documentation. By signing this form, you permit the school to use such photographs/videos on its social media, brochures, advertising, and website without identifying the child's name or family.

- Yes, I give my permission
- No, I do not give my permission

SOURCE OF INQUIRY

We would like you to let us know where you first heard about Happy Kids:

By registering my child, I acknowledge and agree to comply with the Settling-in Policy for my child's class, which requires a two-week commitment to ensure my child's successful settling-in.

Parent's signature: Date:

CHILD INFORMATION SHEET AND PERSONAL PROFILE

Dear Parents,

To provide the best possible learning environment for your child, we need some basic information about your child's background. By answering the following questions, you can help us to understand your child's needs.

I. Basic Child and Family Information

Child's full name: _____

Preferred name/nickname used at home: _____

Age(s) and name(s) of your child's sibling(s): _____

Other adults in the home and their relationship to the child: _____

If you are not the child's parent, what is your relationship to the child?

IV. Developmental Characteristics

Motor Skills and Interests

Please indicate what your child enjoys:

swinging, spinning, rotating

Yes No

playing with a ball

Yes No

riding a balance bike or tricycle

Yes No

drawing, scribbling, modelling with clay or dough

Yes No

Does your child show a clear hand preference?

Yes No

If yes, which hand? _____

Does your child participate in any regular sport or physical activity?

Yes No

If yes, please specify: _____

Speech and Communication

Does your child enjoy talking and initiating communication?

Yes No

Does your child enjoy listening to stories read aloud or told from memory?

Yes No

Does your child like to talk about personal experiences?

Yes No

V. Social and Emotional Development

What activities or types of play does your child enjoy most?

What is your child's favourite toy or play activity?

Do they have any comfort toys?

Does your child use digital devices (e.g., a tablet, computer, or phone)?

Yes No

If yes, which devices and how often? _____

Does your child easily form relationships with adults?

Yes No

Does your child easily form relationships with other children?

Yes No

How does your child respond to rules and boundaries at home?

How do you usually praise or reward your child?

How do you usually set limits or discipline your child?

Does your child use a pacifier?

Yes No

If yes, when? _____

Does your child suck their thumb or fingers?

Yes No

If yes, in which situations? _____

Does your child have any fears or phobias?

Yes No

If yes, please describe and explain how your child can be comforted: _____

Does your child become angry or easily frustrated?

Yes No

If yes, how can your child be calmed? _____

How would you describe your child's emotional development? (e.g. cheerful, balanced, shy, anxious, determined, impulsive, emotionally sensitive, etc.)

What do you consider to be your child's strengths? (e.g. social skills, creativity, physical abilities, independence, curiosity, persistence)

What do you consider to be your child's challenges or areas where they may need additional support?

Are you aware of any learning difficulties, developmental delays, or learning-related concerns regarding your child?

Yes No

If yes, please describe: _____

VI. Daily Habits and Level of Independence

Does your child usually signal their needs in time?

Yes No

Is your child toilet-trained during the day?

Yes No

Is your child dry at night?

Yes No

How would you describe your child's sleep habits?

Does your child usually sleep or rest in the afternoon?

Yes No

If yes, for how long? _____

Does your child eat independently?

Yes No

Does your child use cutlery during meals?

Yes No

If yes, which? _____

Does your child still use a bottle?

- Yes No

Does your child drink independently from a cup?

- Yes No

Are there any foods your child refuses?

- Yes No

If yes, please specify: _____

How would you describe your child's eating habits?

Can your child undress independently?

- Yes No

Does your child attempt to dress independently?

- Yes No

How would you describe your child's overall level of independence?

VII. Significant Life Events

Has your child recently experienced any significant changes or stressful events (e.g. moving country, family separation, loss, accident, or a considerable life change)?

- Yes No

If yes, please describe: _____

VIII. Additional Information

Do you have any requests, concerns, or additional information you would like to share about your child?

INVOICING INFORMATION

TUITION FEE PAYMENT (See Financial Policy for full details)

I wish to pay tuition fees in

EUR or HUF

1. One yearly amount

2. Three termly amounts

(31 May, 30 November, 28 February)

CHILD'S NAME: _____

I would like your invoice for tuition fees in:

EUR or HUF

Invoicing details:

PERSONAL ADDRESS

Name: _____

Address: _____

OR

COMPANY

Company Name: _____

Address: _____

Tax Number: _____

Contact person: _____

Phone: _____

E-mail address: _____

Please let us know as early as possible if you or your company need an invoice.

Invoices cannot be issued after payment has been made.

PARENT SIGNATURE

I/We have read and accept the terms and conditions as set out in the 2026/2027 Financial Policy (including any future Financial Policy) and agree to be bound by them.

Name: _____

Signature: _____

Date: _____

MEDICAL EXAMINATION FORM

To be completed by a physician

Child's name: _____

1. A medical examination is required before the first settling-in day.
2. All students must be immunised according to the current government regulations, and all immunisations must be recorded in the table below.

IMMUNIZATION RECORD

VACCINE TYPE (required*)	Month / Year each dose was given				
	1 st	2 nd	3 rd	4 th	5 th
Diphtheria *					
Pertussis *					
Tetanus *					
Polio *					
Haemophilus influenzae *					
Pneumococcus * (born 30-June-2014 on)					
Measles *					
Mumps *					
Rubella *					
Varicella * (born 01-Aug-2018 on)					
Other					

3. Please record any other health condition or history regarding the student:

MEDICAL EXAMINATION – IF NORMAL (✓) IF ABNORMAL (please specify)

General appearance: _____ Eyes and Lids: _____ Breasts: _____

General nutrition: _____ Ears: _____ Skin: _____

Height: _____ Teeth and Gums: _____ Abdomen: _____

Weight: _____ Nodes: _____ Genitalia: _____

Blood pressure: _____ Nose and Throat: _____ Bones and Muscles: _____

Pulse: _____ Cardiac: _____ Spine: _____

Scalp: _____ Lungs: _____ Nervous System: _____

TESTS: Tuberculosis (Tine or PPD): _____

_____ Day _____ Month _____ Year

Physician's Signature

LIST OF SUPPORTING DOCUMENTS NEEDED:

- Portrait photo (original)
- Completed Application Forms (original) – Including Medical Examination Form completed by a physician (official stamp and signature)
- Compulsory Vaccination Records
- Copy of the student's valid passport and ID card ('Személyi Igazolvány' – Hungarian, 'Tartózkodási Engedély' – Foreign)
- Copy of parents'/carers' valid passport and ID card (mother and father) ('Személyi Igazolvány' – Hungarian, 'Tartózkodási Engedély' – Foreign)
- Copy of the student's birth certificate
- Copy of student's Residency/Address Card ('Lakcím kártya' – Hungarian, 'White card' – Foreign, 'Accommodation Reporting Form – third country national)
- Copy of parents' Residency/Address Card (mother and father) ('Lakcím kártya' – Hungarian, 'White card' – Foreign, 'Accommodation Reporting Form – third country national)
- Copy of Medical Insurance OR Copy of Social Insurance Card (TAJ kártya)
- Two copies of the Educational contract (original)
- Progress Report from previous school (if applicable)
- Exit papers from previous institution with OM number - 'Oktatási Azonosító szám' (Applies to families transferring from educational institutions within Hungary)

Parents may register their children at Happy Kids at any time during the school year, subject to availability.

Parents who would like to enrol their children should return all listed forms and documents to our office.

A one-time, non-refundable registration fee of EURO 920 is payable for each new child wishing to join "HAPPY KIDS". This fee guarantees a place for the agreed-upon starting date. Subject to payment of tuition fees no later than 31 May 2026. Please see the 2026/2027 Financial Policy for complete details.

Children joining Happy Kids during the school year pay tuition fees prorated.

Children unable to enter a class will be placed on a waiting list, and their parent/carer will be advised as soon as a place becomes available.

IMPORTANT NOTE: Children will be allowed to start at Happy Kids only after receiving all of the above-listed supporting documentation and payment of the registration and school fees.