



**INTERNATIONAL KINDERGARTEN**

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EMAIL: info@happykids.hu www.happykids.hu

**CHILD APPLICATION FORM**

**CHILD INFORMATION**

NAME: \_\_\_\_\_ SEX (M/F): \_\_\_\_\_  
Family First Middle

NATIONALITY: \_\_\_\_\_ PASSPORT NO.: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH (CITY): \_\_\_\_\_  
Day Month Year

NATIVE LANGUAGE: \_\_\_\_\_ OTHER LANGUAGES SPOKEN: \_\_\_\_\_

INTENDED STARTING DATE: \_\_\_\_\_ NO. OF DAYS:  5 FULL  3 FULL  5 HALF

HOME ADDRESS: \_\_\_\_\_  
Zip Code City Street No.

HOME PHONE NO.: \_\_\_\_\_ HEALTH INSURANCE NO. (TAJ NO.): \_\_\_\_\_

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

**MOTHER**

NAME: \_\_\_\_\_ MAIDEN NAME: \_\_\_\_\_  
Family First Family First

NATIONALITY: \_\_\_\_\_ PASSPORT NO.: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ EMAIL: \_\_\_\_\_

COMPANY: \_\_\_\_\_  
Name Address

WORK PHONE NO.: \_\_\_\_\_ MOBILE NO.: \_\_\_\_\_

**FATHER**

NAME: \_\_\_\_\_ NATIONALITY: \_\_\_\_\_  
                                Family                                First

OCCUPATION: \_\_\_\_\_ PASSPORT NO.: \_\_\_\_\_

COMPANY: \_\_\_\_\_  
  Name  Address

WORK PHONE NO.: \_\_\_\_\_ MOBILE NO.: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**OTHER CONTACT PERSONS (In case parents cannot be contacted)**

NAME: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

**AUTHORIZED PERSON(S) TO PICK UP YOUR CHILD OTHER THAN PARENTS:**

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

**APPLICATION PROCEDURE**

Application will be evaluated by the **Director** and a decision taken regarding acceptance when all of the following have been completed and received. A personal interview is normally required.

- Registration fee paid
- Application form all sections completed
- Medical information supplied

**PLEASE SUPPLY THE FOLLOWING DOCUMENTS WITH THIS APPLICATION:**

1. Copy of child's Passport
2. Copy of child's Health Insurance Details
3. Copy of Hungarian/EU Residency Permit (both child and parents)

**RESPONSIBILITY**

HAPPY KIDS International Kindergarten and its representatives will ensure the educational and physical wellbeing of each child under its care. We undertake to inform parents in 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 admissions 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 other special circumstances. In all cases the Director’s decision is final.

**This application is a request for the admission of my child to the Happy Kids International Kindergarten for the 2017/2018 school year. In signing this application I acknowledge that I have read, understood and accept the terms and conditions as above, together with 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: .....

**TUITION FEE PAYMENT (See Financial Policy for full details)**

**I wish to pay tuition fees**

- 1. One yearly amount
  - 2. Three termly amounts
- (September 1, January 1, April 1)

**DOOR TO DOOR MINIBUS TRANSPORT SERVICE**

Yes! I am interested to use the minibus transport service available through Happy Kids. Please arrange for the transport company to contact us

Parent’s signature: ..... Date: .....

**PARENT CONSENT FORM**

**YES! I/We give consent for our child/children ..... to take part in outings and regular sporting programs from the age of 4 including swimming and skiing arranged and supervised by HAPPY KIDS International Kindergarten. Transport is by the school minibus.**

Parent’s signature: ..... Date: .....

**PHOTOGRAPHIC DOCUMENTATION**

During the school year photographs of school events and activities are taken of children as part of school documentation. By signing this form, you give permission for the school to use such photographs in its social media, brochures, advertising and website without identifying the name or family of the child.

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

Child's full name: ..... Parent's signature: .....

**SOURCE OF INQUIRY**

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

.....

**CHILD INFORMATION SHEET AND PERSONAL PROFILE**

Dear Parents,

In order to provide the best possible learning environment for your child, it is important that we know some basic information about the personal background of your child. By answering the following questions, you can help us to understand your child's needs.

Child's full name: \_\_\_\_\_

What do you call your child at home: \_\_\_\_\_

Ages and gender of the children in the home: \_\_\_\_\_

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?

\_\_\_\_\_

Has your child ever been to kindergarten/nursery school/play group?

- Yes       No      If yes, please give details (e.g. length of time):

\_\_\_\_\_

**Describe your child's personality and favourite activities. Please include eating and sleeping habits.**

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**Your child's strengths:** \_\_\_\_\_

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**Your child's weaknesses:** \_\_\_\_\_

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**Are you aware of any learning difficulties/problems your child might have?**

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Are you aware of any kind of phobia or fear your child might have?

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Does your child require a special diet or have any food allergies?

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Toilet training and habits (if applicable): \_\_\_\_\_

Do they have any comfort toy? \_\_\_\_\_

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Has your child recently experienced any traumatic changes in their day to day life (e.g. moving country, divorce, death in the family, accident, etc.)?

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**IN CASE OF EMERGENCY – IN CONTACT ORDER (E.G. PARENT(S), YOUR DOCTOR, AMBULANCE):**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

# MEDICAL HISTORY

To be completed by parent or guardian

Child's name: \_\_\_\_\_  
Family First Middle

Date of birth: \_\_\_\_\_ Boy / Girl (Please circle)  
(Day - Month - Year)

	Date		Date
Kidney Disease	_____	Meningitis	_____
Rheumatic Fever	_____	Scarlet Fever	_____
Heart Disease	_____	Mumps	_____
Diphtheria	_____	Whooping Cough	_____
German Measles	_____	Measles	_____
Poliomyelitis	_____	Tuberculosis	_____
Epilepsy	_____	Diabetes	_____
Chicken Pox	_____		

Please, specify:

Asthma or Allergies (including food or drug allergies): \_\_\_\_\_

Serious injuries or surgery: \_\_\_\_\_

Any chronic medical, emotional or psychological condition: \_\_\_\_\_

Does your child take drugs regularly? \_\_\_\_\_

Type: \_\_\_\_\_ Times: \_\_\_\_\_

Does your child wear glasses? \_\_\_\_\_ Why? \_\_\_\_\_

**Note:** Children taking medications at school need to provide a sufficient supply and written instructions in English. Emergency medications for those with allergies or other special health problems must include written orders from a physician.

**Emergency first aid procedure:** In the event of a medical emergency involving a child we will provide basic first aid and contact the child's parents. If we are unable to contact the parents we will use the school's designated doctor and clinic. In the past we have found these to be satisfactory. If you have any special instructions regarding emergency medical care, please inform the Director.

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

## MEDICAL EXAMINATION FORM

To be completed by a physician

Child's name: \_\_\_\_\_

1. A medical examination is required prior entrance to school.
2. All students need to be immunized according to our current school policy listed in the school handbook.
3. Please record any other health conditions or history regarding the student.

### IMMUNIZATION RECORD

VACCINE TYPE	Month / Year each dose was given				
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>
Diphtheria, Pertussis Tetanus (DPT/Dt and/or dT) *					
Polio *					
Measles *					
Mumps *					
Rubella (German measles) *					
Haemophilus influenzae *					
Pneumococcus *					
Other					
<b>* = REQUIRED</b>					

### MEDICAL EXAMINATION - IF NORMAL (X) IF ABNORMAL (O)

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



## INVOICING INFORMATION

**Please return this completed form together with the child application forms.**

CHILD'S NAME (S)

I would like your invoice for tuition fees sent to my:

**HOME**

Postal Address: .....

.....

Zip code: .....

**COMPANY**

Company Name: .....

Address: .....

Contact person: .....

Phone: .....

E-mail address: .....

### PARENT SIGNATURE

I / WE HAVE READ AND ACCEPT THE TERMS AND CONDITIONS AS SET OUT IN THE 2017/2018 FINANCIAL POLICY (INCLUDING ANY FUTURE FINANCIAL POLICY) AND AGREE TO BE BOUND BY THEM.

SIGNED : .....

DATE : .....