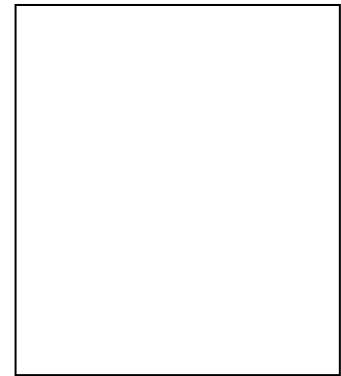




## INTERNATIONAL KINDERGARTEN AND NURSERY

1124 BUDAPEST, FODOR U. 36.  
PHONE & FAX: 356-2440



Recent Passport Photo

### CHILD APPLICATION FORM

Please, write clearly in BLOCK CAPITAL letters and tick boxes where it is 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

START DATE: \_\_\_\_\_ NO. OF DAYS:  5 FULL  3 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 3 full or 5 half days are only offered for the nursery classes.)*

ENROLLMENT DATE: \_\_\_\_\_ LEAVE DATE (IF KNOWN): \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

Zip Code City Street No.

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

OKTATÁSI AZONOSÍTÓ SZÁM (OM NUMBER - IF KNOWN): \_\_\_\_\_

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 child
- To be contacted in case of emergency
- Invoice Payer
- Has Parental Responsibility of 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 child
- To be contacted in case of emergency
- Invoice Payer
- Has Parental Responsibility of 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 child
- To be contacted in case of emergency
- Invoice Payer
- Has Parental Responsibility of 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 child
- To be contacted in case of emergency
- Invoice Payer
- Has Parental Responsibility of child

**APPLICATION PROCEDURE**

Application will be evaluated by the **School 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  Date: \_\_\_\_\_
- Application Form - all sections completed  Date: \_\_\_\_\_
- Medical information supplied  Date: \_\_\_\_\_
- Educational Contract signed  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 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 due to other special circumstances. In all cases the School Director’s decision is final.

**This application is a request for the admission of my child to the Happy Kids International Kindergarten and Nursery for the 2018/2019 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: .....

**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! We give consent for our child \_\_\_\_\_  
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.

**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

**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 following the **Settling in Policy** of my child's class, which is a **two weeks long commitment** in order for my child to experience a successful settling in.*

Parent's signature: ..... Date: .....

**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):

\_\_\_\_\_

Has your child ever been enrolled in a Hungarian kindergarten or nursery before?

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

\_\_\_\_\_

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

Name of previous nursery/kindergarten: \_\_\_\_\_

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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## **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

(September 1, January 1, April 1)

CHILD'S NAME: \_\_\_\_\_

I would like your invoice for tuition fees in:

EUR or  HUF

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 2018/2019 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 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					
* = REQUIRED					

### 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



## **LIST OF DOCUMENTS NEEDED:**

- Completed Application Forms
- Compulsory Vaccination Records
- Copy of student's valid passport or ID card
- Copy of parents'/carers' valid passport or ID card
- Copy of student's birth certificate
- Copy of student's Residency/Address Card
- Copy of parents' Residency/Address Card
- Copy of Medical Insurance for non-Hungarian student OR  
Copy of Social Insurance Card (TAJ kártya) for Hungarian student
- Signed Agreement between kindergarten and parent

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 complete the Happy Kids Application Forms and return them to our office.

A once-only non-refundable registration fee of EURO 400 (HUF 125,000) is to be paid for each new child wishing to join "HAPPY KIDS". This fee guarantees a place for the agreed starting date.

Children joining Happy Kids during the school year pay tuition fees calculated on a pro-rata basis.

Children not able to enter a class will be placed on a waiting list and their parent/carer will be advised as soon as a place may become available.

**IMPORTANT NOTE:** Children will only be allowed to start at Happy Kids after receiving all the above documentation together with payment of registration fee.