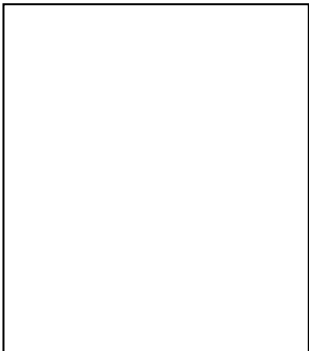


Oktatási azonosító szám (OM number): _____
 Óvodai felvételi előjegyzési szám: _____
 Jogviszony kezdete: _____
 Jogviszony megszűnése: _____
 Jogviszony megszűnésének oka: _____



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

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

NAME: _____ GENDER: _____

Family First Middle

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

Day Month Year

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.)*

ENROLLMENT DATE: _____ 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

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: _____

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 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. Please refer to the 'Happy Kids Admission Policy 2024/2025'. 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 2024/2025 school year. In signing this application, I acknowledge that I have read, understood and accept the terms and conditions as above, together with the Admissions Policy and Procedures 2024/25 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 to use the minibus transport service available through 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 discloser:

<https://happykids.hu/wp-content/uploads/sites/13/2023/11/gdpr-policy-2023-english.pdf>

We accept the necessary processing/copying of personal data, without further special consent, in order 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 as part of school documentation. By signing this form, you give permission for the school to use such photographs/videos 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: _____

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?

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

☐ Yes ☐ No

If yes, please give details (name of the institution and length of time your child was enrolled there):

Name of the Institution: _____

Attended from: _____ to _____
day/month/year day/month/year

☐ Yes ☐ No

If yes, please give details (name of the institution and length of time your child was enrolled there):

Name of the Institution: _____

Attended from: _____ to _____
day/month/year day/month/year

☐ Yes ☐ No

If yes, please give details (name of the institution and length of time your child was enrolled there):

Name of the Institution: _____

Attended from: _____ to _____
day/month/year day/month/year

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

☐ Yes ☐ No If yes, please give details (name of the institution and length of time your child was enrolled there):

Name of the Institution: _____

Attended from: _____ to _____
day/month/year day/month/year

☐ Yes ☐ No If yes, please give details (name of the institution and length of time your child was enrolled there):

Name of the Institution: _____

Attended from: _____ to _____
day/month/year day/month/year

☐ Yes ☐ No If yes, please give details (name of the institution and length of time your child was enrolled there):

Name of the Institution: _____

Attended from: _____ to _____
day/month/year day/month/year

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

Your child's strengths: _____

Your child's weaknesses: _____

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

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

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

Toilet training and habits (if applicable): _____

Do they have any comfort toy? _____

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.)?

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

Sent to my:

HOME

Postal Address: _____

☐

Zip code: _____

COMPANY

Company Name: _____

☐

Address: _____

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 2024/2025 Financial Policy (including any future Financial Policy) and agree to be bound by them.

Name: _____

Signature: _____

Date: _____

MEDICAL HISTORY

To be completed by parent or guardian

Child's name: _____
Family First Middle

Date of birth: _____
(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: It is not allowed to bring medication to Happy Kids. 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 at FirstMed Center Budapest. If you have any special instructions regarding emergency medical care, please inform the School Director.

Parent's signature: _____ Date: _____

MEDICAL EXAMINATION FORM

To be completed by a physician

Child's name: _____

1. A medical examination is required prior to the first settling-in day.
2. All students must be immunized according to the current government regulations and all immunizations 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 (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): _____

Physician's Signature

_____ Day _____ Month _____ Year

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 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 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 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 return them to our office.

A once-only non-refundable registration fee of EURO 750 is to be paid for each new child wishing to join “HAPPY KIDS”. This fee guarantees a place for the agreed starting date. Subject to payment of tuition fees no later than 31 May 2024. Please see 2024/2025 Financial Policy for full details.

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 listed supporting documentation together with payment of registration fee and school fees.