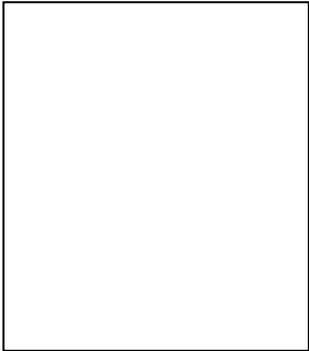


**OFFICE USE ONLY**

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 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

**\*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.)*

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

**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: \_\_\_\_\_
- 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/2024/07/gdpr-policy-customers-2024.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.

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

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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? \_\_\_\_\_

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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

(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 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>
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): \_\_\_\_\_

\_\_\_\_\_ 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 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.