



## Application Form Summer 2017

### Child's Information

Child's Name \_\_\_\_\_  
Surname First name Middle Name

What name should be used for your child in the Summer Programme? \_\_\_\_\_

Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex M / F  
Day/Month/Year

Nationality \_\_\_\_\_ Native language \_\_\_\_\_

TAJ number \_\_\_\_\_ Passport number \_\_\_\_\_  
(Hungarian residents)

Address in Hungary \_\_\_\_\_

Do you wish your child to use the minibus service?

Yes / No

Does your child require a nap during the day?

Yes / No / Sometimes

Does your child have any special dietary requirements? e.g. vegetarian \_\_\_\_\_

Would you like your child to attend The English Garden Summer Programme: part-time / full-time

### Parent's Information

Mother's Name \_\_\_\_\_  
Surname First name Middle Name

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Languages spoken \_\_\_\_\_

Father's Name \_\_\_\_\_  
Surname First name Middle Name

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Languages spoken \_\_\_\_\_

Please provide the name and telephone number for one other person who can be contacted during the day in an emergency.

Name \_\_\_\_\_

Phone \_\_\_\_\_ Relationship to child \_\_\_\_\_

PLEASE TICK WHICH GROUP YOU WOULD LIKE YOUR CHILD TO JOIN:

Baby Daycare Age 0-2       Nursery School Age 2-3       Summer School Infants age 3-4

Summer School Juniors age 4 -6       Summer School Seniors 6-10 years

Would you like your child to have Intensive English lessons?

YES       NO

(Only available for children age 5 and above)

PLEASE TICK WHICH WEEKS YOU WOULD LIKE YOUR CHILD TO ATTEND:

- |                          |        |   |
|--------------------------|--------|---|
| <input type="checkbox"/> | Week 1 | 26 <sup>th</sup> June -30 <sup>th</sup> June    |
| <input type="checkbox"/> | Week 2 | 3 <sup>rd</sup> July - 7 <sup>th</sup> July     |
| <input type="checkbox"/> | Week 3 | 10 <sup>th</sup> July - 14 <sup>th</sup> July   |
| <input type="checkbox"/> | Week 4 | 17 <sup>th</sup> July - 21 <sup>st</sup> July   |
| <input type="checkbox"/> | Week 5 | 24 <sup>th</sup> July - 28 <sup>th</sup> July   |
| <input type="checkbox"/> | Week 6 | 31 <sup>st</sup> July - 4 <sup>th</sup> August  |
| <input type="checkbox"/> | Week 7 | 7 <sup>th</sup> August-11 <sup>th</sup> August  |
| <input type="checkbox"/> | Week 8 | 14 <sup>th</sup> August-18 <sup>th</sup> August |

### **Billing Information**

Who is responsible for paying your child's fees?\* Individual / Company / Organization.

Name \_\_\_\_\_

Contact person (if any) \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

To whom should the receipt be made out to? \_\_\_\_\_

### **Medical Information**

Does your child have any allergies? YES / NO

Does your child have asthma? YES / NO

Does your child have any serious medical conditions? YES / NO

Does your child take any prescribed medication? YES / NO

Has your child had any serious injury or surgery? YES / NO

Does your child have any special needs? YES / NO

Is there anything else we should know about your child? YES / NO

If you answered YES to any of the above questions please provide further details:

---

---

Please provide a Health Note from your child's doctor to confirm they are fit and healthy to attend English Garden.

### **Permission**

During the English Garden Summer Programmes we will be taking photographs of the different activities and events. We have an educational weekly Blog "Learning Journey" on our website [www.englishgarden.hu](http://www.englishgarden.hu). Do you give permission for photographs of your child to appear on this website? (The schools policy is not to use full names when adding text.)

Yes

No

The English Garden uses Facebook to inform about different news events taking place at the English Garden and . Do you give permission for photographs of your child taken during the English Garden Summer Programme to appear on this site? (The schools policy is not to use full names when adding text.)

Yes

No

The different English Garden Summer Programmes enjoy field-trips and activities in and around the city traveling by foot, public transport or private minibus. Do you give your consent for your child to take part in these activities as part of their learning, care and development?

Yes

No

Does anybody else have permission to collect your child from The English Garden Summer Programme ?

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

**Declaration by Parent/Legal Guardian Submitting this Application**

I, \_\_\_\_\_ (full name) apply for \_\_\_\_\_ (child's name) to be enrolled at The English Garden Summer Programme understand that admission cannot take place unless an application form has been completed, payment made and that places are subject to availability.

**I agree to the following:**

1. I understand that The English Garden Summer Programme fees are charged in advance and are nonrefundable.
2. I understand that non-payment of fees will result my child being excluded from The English Garden Summer Programme.
3. I understand that I am entitled to a 5% discount off the fees only if I pay in advance by 6<sup>th</sup> May 2017.
4. My communication with staff, fellow parents and children at The English Garden Summer Programme will be polite and respectful. I will use the established procedures to raise concerns.
5. I will notify The English Garden Summer Programme of any changes of my address, e-mail or telephone number.
6. In case The English Garden Summer Programme cannot contact me in the event of an accident or serious illness, I authorize the Head or her authorized representatives to seek medical treatment for my child, and I agree to pay all medical fees in this respect.
7. I agree to notify The English Garden Summer Programme of any illness, accident, medical condition or any other circumstances, which might affect the physical or mental performance of my child.
8. I recognize that The English Garden Summer Programme cannot accept liability for loss or damage to the possessions of my child while he/she is at pre-school or on school trips.

By signing this application I acknowledge that I have read and accept the terms and conditions as set out and agree to be bound by them as the legal guardian of the child. I understand that if any information has been falsified, acceptance of this application will be null and void.

---

Print Name

Signature

Date