

## Application Form

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

What name should be used for your child in the pre-school? \_\_\_\_\_

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

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

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

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

Phone Number \_\_\_\_\_

### Parent's Information

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

Mother's Address (if different from child's) \_\_\_\_\_

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

Mother's Occupation \_\_\_\_\_ Company \_\_\_\_\_

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

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

Father's Address (if different from child's) \_\_\_\_\_

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

Father's Occupation \_\_\_\_\_ Company \_\_\_\_\_

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



## Child Information

Has your child previously attended a nursery/kindergarten/preschool? Yes / No

How long did they attend? \_\_\_\_\_

What language was spoken there? \_\_\_\_\_

What languages does your child speak/understand? \_\_\_\_\_

Does your child have any brothers or sisters?

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex M / F

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex M / F

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex M / F

Will your child require a sleep in the afternoon? Regularly / Sometimes / Never

Will your child participate our After School Club? Regularly / Sometimes / Never

Does your child have any special dietary requirements? \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_

Does your child have any medical conditions? Eg.: asthma \_\_\_\_\_

Does your child take any prescribed medication? \_\_\_\_\_

Has your child had any serious injury or surgery? \_\_\_\_\_

Does your child have any special needs? \_\_\_\_\_

Is there anything else we should know about your child – personal circumstances, special factors, obstacles that may play a part in his or her personal, social or academic development?

**N.B. All children will need to complete a medical examination and the Medical History Form with a recognized doctor.**



## Declaration by Parent/Legal Guardian Submitting this Application

I, \_\_\_\_\_ (full name) apply for \_\_\_\_\_ (child's name) to be enrolled at The English Garden Pre-School. I understand that admission cannot take place unless all documents have been submitted and that places are subject to availability

### **I agree to the following:**

1. I accept full responsibility for payment in advance of all fees that may be due in respect of my child's attendance at The English Garden Pre-School.
2. I understand that nonpayment of fees within the required duration can result in the child being excluded from the pre-school.
3. I understand that when fees are paid in a currency other than that denominated on the invoice, the payment received into the bank account must be the value of the invoice. I accept responsibility for all foreign exchange costs and bank charges in relation to payment of the invoice.
4. I understand that the X% discount offered for full-payment of one year's fees in advance is only available when payment is made either prior to or on the due date of payment.
5. I understand that sibling count
6. I understand that school fees are charged in advance, and only full months are refundable.
7. Two months' notice is required for withdrawal of a child from the pre-school.
8. Unless in exceptional circumstances, refunds cannot be given in the event of a child's absence from the pre-school.
9. I will ensure my child attends all pre-school sessions punctually, participates in the full curriculum.
10. I understand that if my child is collected past 3:30, they are automatically enrolled in the After-School Club for that day and a fee of 1000 Ft.- will be charged.
11. I take responsibility for the purchase of my child's uniform and will ensure that he/she wears the correct uniform everyday.
12. My communication with staff, fellow parents and pupils of The English Garden Pre-School will be polite and respectful. I will use the established procedures to raise concerns.
13. I will notify The English Garden Pre-School of any changes of my address or telephone numbers, either residential or business.
14. In case the pre-school 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.
15. I agree to notify the pre-school of any illness, accident, medical condition or any other circumstances, which might affect the physical or mental performance of my child.
16. I recognize that The English Garden Pre-School 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.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**