

Application Form

Child's Information

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 _____

Intended starting date _____ Estimated duration of stay _____

Parent's Information

Mother's Name _____
Surname First name Middle Name

Nationality _____ Passport no.: _____

Mother's Address (if different from child's) _____

Phone Number (work) _____ (personal) _____ Email _____

Mother's Occupation _____ Company _____

Languages spoken _____

Father's Name _____
Surname First name Middle Name

Nationality _____ Passport no.: _____

Father's Address (if different from child's) _____

Phone Number (work) _____ (personal) _____ Email _____

Father's Occupation _____ Company _____

Languages spoken _____

App. No. _____

Contact Information

If neither parent speaks English or Hungarian please provide details of a translator.

Translator's Name _____
Surname First name Middle Name

Translator 's Address _____

Phone Number _____ Email _____

Languages spoken _____

Please provide the name and telephone number for 3 people who can be contacted during the school day.

1. Name _____

Phone _____ Relationship to child _____

2. Name _____

Phone _____ Relationship to child _____

3. Name _____

Phone _____ Relationship to child _____

Who will normally be responsible for bringing/collecting your child to and from the pre-school?

Who else has permission to do so? _____

We send out important information and our newsletters via e-mail, please provide us with the e-mail address(es) you would like us to use.

Name of user: E-mail:

Name of user: E-mail:

We have a Photo Gallery on our website where you can view photos of various pre-school activities and events. 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 Pre-School regularly enjoys field-trips in and around the city. Traveling by foot, public transport or private minibuss. Do you give your consent for your child to take part in these activities as part of their education at the pre-school?

Yes

No

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Child's Background 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 in our After School Club? Regularly / Sometimes / Never

Medical Background

To be filled out by parent/guardian

Does your child have any special dietary requirements? _____
Does your child have any allergies or asthma? _____
Does your child have any chronic conditions or serious medical, emotional, psychological conditions? _____
Does your child take any prescribed medication? If yes, what and with what regularity?

Has your child had any serious injury or surgery? _____
Does your child have any special needs? _____
Does your child wear eyeglasses or a hearing aid? _____
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?

NB: Children are not administered medication at the pre-school, except in cases of regularly required medication with instructions in either English or Hungarian about administering the medication written by a physician.

In the case of an emergency, the school's policy is to provide basic first aid and contact the parents or guardian. If contact cannot be established, staff will take the child to the designated doctor or clinic of the pre-school.

Medical History Form

All children need to complete a medical examination prior to admission. This Medical History Form must be completed by a recognized physician. All children must be immunized according to the Hungarian requirements. Please attach your child's immunization form. Please record any important health conditions and history pertaining to the child.

Name of child _____ Gender M / F
 Date of Birth _____ day _____ month _____ year

VACCINES DATES (MONTH/YEAR) OF EACH DOSE

BCG						
DTP / DT / TD						
POLIO (OPV / IPV)						
MMR (COMBINATION)						
MEASLES						
MUMPS						
RUBELLA						
MANTOUX / TB						
HEPATITIS B						
HIB						
Other						

Medical Examination

Height _____ Weight _____ Blood Pressure _____ Pulse _____

Respiratory _____ General appearance/Nutrition _____ Eyes _____ Ears _____

Nose/Throat _____ Teeth/Gums _____ Cardiovascular _____ Skin _____

Neurological _____ Musculo-skeletal _____

In your opinion, should this child be permitted to participate in sport programmes? Yes / No

Does this child have a history of muscle/ligament/tendon injuries? Yes / No

If yes, please explain. _____

Is there any other health condition that the pre-school should be aware of regarding the child?

Date of Examination

Physician's Name

Signature and stamp

App. No. _____

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 the 10 % 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.
4. I understand that siblings attending the pre-school are entitled to a 20,000 Forint discount per month.
5. I understand that school fees are charged in advance, and only full months are refundable.
6. Two months' notice is required for withdrawal of a child from the pre-school.
7. Unless in exceptional circumstances, refunds cannot be given in the event of a child's absence from the pre-school.
8. I will ensure my child attends all pre-school sessions punctually and participates in the full curriculum where possible.
9. I understand that if my child is collected after 3:30 p.m., they are automatically enrolled in the After-School Club for that day and a fee of 1000 Ft.- will be charged.
10. I take responsibility for the purchase of my child's uniform and will ensure that he/she wears the correct uniform everyday.
11. 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.
12. I will notify The English Garden Pre-School of any changes of my address, e-mail or telephone number, either residential or business.
13. 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.
14. 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.
15. 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. I understand that if any information has been falsified, acceptance of this application will be null and void.

Signature of Parent/Guardian

Date

App. No. _____