



Summer Program 2018

STUDENT INFORMATION

Family Name: _____ Given Names: _____

English Name: _____ Male Female

Permanent Address (Home Country)

Street Address: _____ City: _____

Mailing Address: _____ Country: _____

Postal Code: _____ Telephone: _____

Citizenship: _____ Date of Birth (day/month/year): _____

Current Grade: _____ My English ability is: beginner intermediate advanced Years studied English: _____

Start date: _____ End date: _____

PROGRAM SELECTION

I will attend the **Great Canadian Summer Camp** *2 week minimum* (students, 12-18 years):

****Students should arrive the Sunday prior to their program start date and depart the Saturday after their program end date.**

Example: For students attending first 2 weeks of program, they should arrive Sunday, July 15 and depart Saturday, July 28th

July 16 - July 20

July 23 - July 27

July 30 - August 3

August 6 - August 10

August 13 - August 17

August 20 - August 24

I will attend the **English Preparation Program:**

August 27 - August 31

Shirt size:

Small (S)

Medium (M)

Large (L)

Extra Large (XL)

PROGRAM DEADLINES Space is limited. Apply early to secure your dates.

April 30, 2018 Application with \$100 non-refundable application fee due

May 15, 2018 Full payment due

PARENT INFORMATION

Father Family Name: _____ Given Name: _____

Mother Family Name: _____ Given Name: _____

Email Address: _____ Cell Phone: _____

Emergency Contact (In case we cannot reach your parents)

Name: _____ Relation to Student: _____

City: _____ Country: _____

Telephone: _____ Email: _____

STATEMENT OF HEALTH

Have you ever had any of the following?

Allergies <i>Please specify:</i>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Asthma	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Headaches (recurring)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Hepatitis	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Mental health issues <i>Please specify:</i>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Other <i>Please specify:</i>	<input type="checkbox"/> No	<input type="checkbox"/> Yes

List all medications you take on a regular basis:

Write the name of any prescribed medication you will be bringing to Canada.

Do you have any perceived or documented learning disability or behavioural concerns which the school should be aware of?

HOMESTAY INFORMATION

How would you describe yourself?

Outgoing

Cheerful

Messy

Independent

Athletic

Studious

Mature

Sensitive

Shy

Friendly

Polite

Forgetful

Tell us about the activities you are interested in. This will help us match you to a family.

Complete the following statements:

The most important thing my host family should know about me is:

Do you follow a special diet? (*e.g. vegetarian, celiac*)

Do you have any food allergies? Please describe.

Do you have any fears, dislikes, non-food allergies or concerns that is important for your host family to know?

Is there another student attending the summer program that you would like to stay with?

RELEASE FORM

We, the undersigned, request that our son/daughter be allowed to participate in the full range of activities that will take place during the International Summer Program.

We, the undersigned, do waive and release all claims against School District #22 (Vernon) for any injury, loss, damage, accident, delay or expense resulting from the applicant's participation in the Vernon International Summer Program. I understand that my child's photo may be taken and used for educational and promotional purposes (digital or print) in the future. We release School District #22 (Vernon) and agree to indemnify them, with regard to any financial obligation or liabilities that the applicant may cause while participating in the Vernon International Summer Program. We understand that the School District is not responsible for any loss or injury suffered by the applicant during periods of travel. If the applicant becomes ill or incapacitated, the School District may take such actions as it considers necessary, including securing medical treatment and transporting the applicant home at his or her own expense. We understand that the applicant's participation may be terminated at the discretion of the Administrator of the International Student Program, or their designate, without any refund of fees, and that the applicant may be sent home at his or her own expense for violation of school rules, the district code of conduct and or the laws of BC and Canada.

I have read the above and agree to the terms and conditions of participation.

Name of Student (print)

Signature

Date

Name of Parent (print)

Signature

Date

Name of Parent (print)

Signature

Date