

## **Junior Programs Application Form**

Program				
What program are you app	lying for?			
☐ Toronto Summer Camp	☐ Hamilt	on Summer Camp		
☐ Toronto Winter Camp ☐ Pare		& Child Program		
How many weeks?	Starting d	ate:	_	
Starting dates:				
Toronto Summer Camp:			August 8 (Tues.), 14, 21, 28	
Hamilton Summer Camp: Toronto Winter Camp:		uly 3, 10, 17, 24, 31 18	• , ,	
Toronto winter camp.	February 5, 13 (T		63.), 0, 10, 22, 29	
Participant Informat	· ·	,		
Home Address				
Street Address:	C	ity:	State/Province:	
Postal Code: Co	ountry P	hone number (with c	ountry code)	
Junior Participant #	1			
First Name:	Last Name:		Gender:	
Date of Birth:	Country of Passpo	ort: First I	First language:	
Does this participant have	any medical conditions?	Please specify:		
Does this participant have	any allergies? Please s <sub>l</sub>	pecify:		
Does this participant have	any medication that he/s	she takes regularly?	Please specify	
Junior Participant #	2 (if applicable - m	ust be sibling)		
First Name:	Last Nam	e:	Gender:	
			$\square$ Male $\square$ Female $\square$ Other	
Date of Birth:	Country of Passpo	ort: First I	anguage:	
Does this participant have	any medical conditions?	Please specify:		
Does this participant have		•		
Does this participant have	any medication that he/	she takes regularly?	Please specify	

<sup>\*\*\*</sup> for additional junior participants, please provide information on a separate sheet.

Parent Information #1							
First Name:	Last Name:	Relation to Junior Participant(s):					
Date of Birth:	Country of Passport:	Occupation:					
Email address:	Home Phone Number:	Mobile Phone Number:					
	e camp (Parent & Child Program) ave any medical conditions? Plea						
Does this participant ha	ave any allergies? Please explain						
Is this parent participat # of Weeks	ing in the daily afternoon weekda	y trips/activities? ☐ Yes ☐ No					
Is this parent participat	ing in full-day Saturday trips? Y	es No # of Trips					
Parent Information #2 (	if applicable)						
First Name:	Last Name:	Relation to Junior Participant(s):					
Date of Birth:	Country of Passport:	Occupation:					
Email address:	Home Phone Number:	Mobile Phone Number:					
	e camp (Parent & Child Program) ave any medical conditions? Plea						
Does this participant ha	Does this participant have any allergies? Please explain						
Is this parent participat	Is this parent participating in the daily afternoon weekday trips/activities? # of Weeks						
Is this parent participat	ing in full-day Saturday trips? #	f of Trips					
<b>Emergency Contact Inf</b>	ormation						
First Name:	Last Name:	Email Address:					
Home Phone Number (with country code):	Mobile Phone Number (with country code):	Relationship to Participants:					

Accommodation					
Please select the accomi	modation option:				
☐ Homestay	☐ Student residen	Ce (please confirm availability)			
☐ Furnished accommod	dation (please confirm availa	ability)			
Bedroom Preference (*ple	ease understand that these are on	ly preferences and cannot be guaranteed)			
☐ Separate bedroom(s)	☐ Separate bedroom(s) ☐ Shared bedroom ☐ No preference				
Many families in Canada	have a dog or cat. Please t	tell us this participant's preference:			
$\square$ Family with a dog	$\square$ Family with a ca	ut			
$\square$ Family without pets	$\square$ No preference				
Additional special reques	sts/important information for	r us about (bedroom arrangements, food, etc.)			
Daily drives to/from scho	ol daily - \$150/week (requir	red for children 12 and under)? ☐ Yes ☐ No			
Legal Guardian/Cu	ustodian while in Cana	ada (if applicable)			
Guardian/Custodian Full Name:		Guardian/Custodian Address:			
Guardian/Custodian Home Phone:		Guardian/Custodian Mobile Phone:			
Guardian/Custodian Ema	 ail:				
Comments/Notes:					
	<del></del>				
Arrival Details (if a	ipplicable)				
Arrival Details (if a Expected arrival date in		Flight Number (if known):			
•		Flight Number (if known):  Flight Arrival Date/Time (if known):			
Expected arrival date in The Airline (if known):	Toronto (dd/mm/yyyy):				
Expected arrival date in The Airline (if known):	Toronto (dd/mm/yyyy):	Flight Arrival Date/Time (if known):			
Expected arrival date in The Airline (if known):  Will the child participant(stopping or the child participant).	Toronto (dd/mm/yyyy):	Flight Arrival Date/Time (if known):ne as a UM (Unaccompanied Minor)?			
Expected arrival date in The Airline (if known):  Will the child participant(stopping or the child participant).	Toronto (dd/mm/yyyy):  s) be travelling with the airling (return home) (if apple)	Flight Arrival Date/Time (if known):ne as a UM (Unaccompanied Minor)?			

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Wi	Il the child participant(s) be travelling v	vith the airline as a UM (Unaccompanied Minor)?	□Yes □ No				
	Unaccompanied Minor Airline Travel There is an additional fee of \$200 added for Unaccompanied Minors. This is in addition to any fees charged by the airline.						
	The <u>airline may require</u> your child to travel as a UM (Unaccompanied Minor). Please check with your airline. If your child itravelling as an Unaccompanied Minor, it is very important that you inform us for the following reasons:						
1.		e same person you name on the UM form. The person meeting your child must s it is necessary for us to give you the name of the person who will be meeting you	•				
2.	Departure:  All Unaccompanied Minors MUST have a Canadian (18 years or older) WAIT AT THE AIRPORT with them until 10 minutes after their flight has departed. If your child is travelling as an Unaccompanied Minor, it is necessary for us to arrange a person who can WAIT with your child at the airport. Keep in mind that this person may need to wait for up to 2 – 3 hours.						
R	Refund Policy						
throu	ugh a representative must be collected from the representative.	als. In all cases, the Application Fee (CAN \$520) is non-refundable. Refunds to s ACCESS cannot be responsible for any additional fees charged by agents. fused are entitled to a refund of all prepaid fees, except for CAD \$520 (application)					
notifi be cl	ied in writing at least 14 days before the course start date or a C harged. e school is notified of a denied visa on or after the course start d	er of Acceptance and original letter of denial from the Canadian immigration auth AD \$200 cancellation fee will be charged. If less than 14 days prior to start date, ate, a refund is given according to our policy below.					
	drawal/Early Dismissal*: 0 days or more before start date	70% refund					
L	ess than 30 days before start date	60% refund					
0	n or after course start date	No refund					
no r Coi 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. Act a loss studiand linter This want	refund for early departure or early dismissal.  Inditions  All participants are responsible for obtaining their own visas of all participants under the age of 18 must be accompanied by forms are filled out, notarized, and sent to ACCESS in a timel Participants must respect all rules set by their host family, AC Any damage to ACCESS or host family property will be charged. Although ACCESS strives to maintain the originally planned at ACCESS, or its appointed agency, will select a host family from that personal preferences will be met.  ACCESS will not be responsible for loss, damage, or theft of ACCESS reserves the right to dismiss, without refund, any inappropriate manner either at the school or in any ACCESS. The legal age for consuming alcohol in Ontario is 19 years. Perticipants under the age of 18 years must abide by all rules refund. Any additional travel costs incurred will be charged to Participants must abide by the conditions outlined above. A conditions.  Itivity Waiver - Exclusion of Liability - Assumption of involvement in all activities at Access International resulting from any cause whatsoever, including but not limited ents, travel within or beyond designated boundaries, or neglige agents. The student agrees that ACCESS and its employees, directors and agents and waive all omployees, directors, and agents.	a parent, or have a legal custodian in Canada. It is the responsibility of the parent y manner.  CESS, and their custodian.  ed to the student.  Individues, schedules, and services, the program is subject to change due to specing those available, based on the information provided on the homestay application any student's personal belongings.  Istudent who, after being warned and asked to correct his/her inappropriate beharranged accommodation.  Individual the age of 19 years may, under no circumstances, consume also set out by ACCESS and their custodian. Any participant repeatedly breaking rule the participant's parents.  CCESS International reserves the right to dismiss, without refund, any participation of Risk  English Language Centre, Ltd. ("ACCESS"), the student assumes all risk of perso the inherent risks of these activities, use of equipment, collision with man-madince, breach of contract, or breach of statutory duty of care on part of ACCESS, ectors and agents shall not be liable for any such personal injury, death, or proper claims and respects thereto. This includes all transport to and from these activities oppens during activities organized by ACCESS. The student does not have to do ate insurance coverage.	s to ensure that all custodial al circumstances. form, and cannot guarantee avior continues to act in an cohol. s may be sent home without ant failing to abide by these on injury, death, or property e or natural objects or other and its employees, directors y loss and release ACCESS arranged by ACCESS and				
•	I declare that I have disclosed all medical conditions as well a	as any medications taken by each participant. I understand that discovery of any	non-disclosed medical				
	conditions relating to junior participants, may warrant removal understand that while every effort will be made to match all	I from the program without refund. of my requests for homestay placement, no guarantee can be given to match ea	ch one.				
•	I understand that the number of Saturday trips included in the summer camp program is one less than the number of weeks participating.						
•	i.e.: 4-week program = 3 Saturday trips. 1-week program = no Saturday trip. Additional Saturday trips may be purchased at a cost of \$75 each.						
•	I have read, understand and agree to the Refund Policy, Con	ditions, and Activity Waiver above.					
Full	I Name of Parent or Guardian	Signature of Parent or Guardian					

Date (dd/mm/yyyy):