

2024 Junior Programs Application Form**Program**

What program are you applying for?

☐ Toronto Summer Camp☐ Hamilton Summer Camp☐ Toronto Parent & ChildHow many weeks? _____ Starting date: _____
dd/mm/yyyy**Starting dates:**

Toronto Summer Camp: June 18, 24 July 2 (Tues.), 8, 15, 22, 29 August 6 (Tues.), 12, 19, 26

Hamilton Summer Camp: July 2 (Tues.), 8, 15, 22, 29 August 6 (Tues.), 12

* Our camp is closed on July 1 and August 5 for holidays.

Participant Information**Home Address**

Street Address: _____ City: _____ State/Province: _____

Postal Code: _____ Country: _____ Phone number (with country code): _____

Junior Participant #1First Name: _____ Last Name: _____ Gender: _____
Male Female Other

Date of Birth: (dd/mm/yyyy) _____ Country of Passport: _____ First language: _____

Does this participant have any medical conditions? Please specify: _____

Does this participant have any allergies? Please specify: _____

Does this participant have any medication that he/she takes regularly? Please specify _____

Junior Participant #2 (if applicable - must be sibling)First Name: _____ Last Name: _____ Gender: _____
Male Female Other

Date of Birth: (dd/mm/yyyy) _____ Country of Passport: _____ First language: _____

Does this participant have any medical conditions? Please specify: _____

Does this participant have any allergies? Please specify: _____

Does this participant have any medication that he/she takes regularly? Please specify _____

*** 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: (dd/mm/yyyy) _____ Country of Passport: _____ Occupation: _____

Email address: _____ Home Phone Number: _____ Mobile Phone Number: _____

Is this parent participating in the camp (Parent & Child Program)? Yes No

Does this participant have any medical conditions? Please explain

Does this participant have any allergies? Please explain

Is this parent participating in the daily afternoon weekday trips/activities? ☐ Yes ☐ No

of Weeks _____

Is this parent participating in full-day Saturday trips? Yes No # of Trips _____

Parent Information #2 (if applicable)

First Name: _____ Last Name: _____ Relation to Junior Participant(s): _____

Date of Birth: (dd/mm/yyyy) _____ Country of Passport: _____ Occupation: _____

Email address: _____ Home Phone Number: _____ Mobile Phone Number: _____

Is this parent participating in the camp (Parent & Child Program)? Yes No

Does this participant have any medical conditions? Please explain

Does this participant have any allergies? Please explain

Is this parent participating in the daily afternoon weekday trips/activities? Yes No

of Weeks _____

Is this parent participating in full-day Saturday trips? Yes No # of Trips _____

Emergency Contact Information

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 accommodation option:

- ☐ Homestay ☐ Student residence (please confirm availability)
- ☐ Furnished accommodation (please confirm availability) ☐ No accommodation required

Bedroom Preference (*please understand that these are only preferences and cannot be guaranteed)

- ☐ Separate bedroom(s) ☐ Shared bedroom ☐ No preference

Additional special requests/important information for us about (bedroom arrangements, food, pets, etc.)

Legal Guardian/Custodian while in Canada (if applicable)

Guardian/Custodian Full Name:

Guardian/Custodian Address:

Guardian/Custodian Home Phone:

Guardian/Custodian Mobile Phone:

Guardian/Custodian Email:

Comments/Notes:

Arrival Details (if applicable)

Expected arrival date in Toronto (dd/mm/yyyy):

Flight Number (if known):

Airline (if known):

Flight Arrival Date/Time (if known): (dd/mm/yyyy HH:MM)

Will the child participant(s) be travelling with the airline as a UM (Unaccompanied Minor)?

Yes No

Departure Details (return home) (if applicable)

Expected arrival date in Toronto (dd/mm/yyyy):

Flight Number (if known):

Airline (if known):

Flight Arrival Date/Time (if known): (dd/mm/yyyy HH:MM)

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 airline may require your child to travel as a UM (Unaccompanied Minor). Please check with your airline. If your child is travelling as an Unaccompanied Minor, it is very important that you inform us for the following reasons:

1. **Arrival:**

All Unaccompanied Minors **MUST** be met at the airport by the same person you name on the UM form. The person meeting your child must show photo ID to airline staff. The child will not be released to any other person. Therefore, it is necessary for us to give you the name of the person who will be meeting your child upon arrival.

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.

Refund Policy

(applies to individual bookings only)

ACCESS must be notified in writing about any changes or withdrawals. In all cases, the Application Fee (CAN \$520) is non-refundable. Refunds to students who enrolled through a representative must be collected from the representative. **ACCESS** cannot be responsible for any additional fees charged by agents.

Denied Visa: Students to whom admittance to Canada has been refused are entitled to a refund of all prepaid fees, except for CAD \$520 (application fee portion).

Students must notify the school in writing and return the original Letter of Acceptance and original letter of denial from the Canadian immigration authorities. The school must be notified in writing at least 14 days before the course start date or a CAD \$200 cancellation fee will be charged. If less than 14 days prior to start date, one-month homestay may be charged.

If the school is notified of a denied visa on or after the course start date, a refund is given according to our policy below.

Withdrawal/Early Dismissal*:

30 days or more before start date	70% refund
Less than 30 days before start date	60% refund
On or after course start date	No refund

There will be no refunds or extensions for late arrival, failure to arrive, early departure, or early dismissal.

Accommodation Cancellation:

No refunds will be provided after check-in. **ACCESS** will provide one host family change if our Homestay Coordinator believes it is warranted. There is no refund for early departure or early dismissal.

Conditions

1. All participants are responsible for obtaining their own visas or documents allowing them to enter and remain in Canada.
2. All participants under the age of 18 must be accompanied by a parent, or have a legal custodian in Canada. It is the responsibility of the parents to ensure that all custodial forms are filled out, notarized, and sent to **ACCESS** in a timely manner.
3. Participants must respect all rules set by their host family, **ACCESS**, and their custodian.
4. Any damage to **ACCESS** or host family property will be charged to the student.
5. Although **ACCESS** strives to maintain the originally planned activities, schedules, and services, the program is subject to change due to special circumstances.
6. **ACCESS**, or its appointed agency, will select a host family from those available, based on the information provided on the homestay application form, and cannot guarantee that personal preferences will be met.
7. **ACCESS** will not be responsible for loss, damage, or theft of any student's personal belongings.
8. **ACCESS** reserves the right to dismiss, without refund, any student who, after being warned and asked to correct his/her inappropriate behavior continues to act in an inappropriate manner either at the school or in any **ACCESS** arranged accommodation.
9. The legal age for consuming alcohol in Ontario is 19 years. Participants under the age of 19 years may, under no circumstances, consume alcohol.
10. Participants under the age of 18 years must abide by all rules set out by **ACCESS** and their custodian. Any participant repeatedly breaking rules may be sent home without refund. Any additional travel costs incurred will be charged to the participant's parents.
11. Participants must abide by the conditions outlined above. **ACCESS** International reserves the right to dismiss, without refund, any participant failing to abide by these conditions.

Activity Waiver - Exclusion of Liability - Assumption of Risk

As a condition of involvement in all activities at Access International English Language Centre, Ltd. ("ACCESS"), the student's parent or guardian assumes all risk of personal injury, death, or property loss resulting from any cause whatsoever, including but not limited to the inherent risks of these activities, use of equipment, collision with man-made or natural objects or other students, travel within or beyond designated boundaries, or negligence, breach of contract, or breach of statutory duty of care on part of **ACCESS**, and its employees, directors and agents. The student's parent or guardian agrees that **ACCESS** and its employees, directors and agents shall not be liable for any such personal injury, death, or property loss and release **ACCESS** International and its employees, directors and agents and waive all claims and respects thereto. This includes all transport to and from these activities arranged by **ACCESS** and its employees, directors, and agents. The student has the right to withdraw from participating in any activity. It is the responsibility of the parent/guardian to ensure that the student has adequate insurance coverage for the duration of their stay in Canada.

Declarations

- I declare that the information I have given on this application is correct and accurate.
- I declare that I have disclosed all medical conditions as well as any medications taken by each participant. I understand that discovery of any non-disclosed medical conditions relating to junior participants, may warrant removal from the program without refund.
- I understand that while every effort will be made to match all of my requests for homestay placement, no guarantee can be given to match each 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, Conditions, and Activity Waiver above.

Full Name of Parent or Guardian

Signature of Parent or Guardian

Date (dd/mm/yyyy):