



Application Form for the Berlin Mature Teen Residence/Homestay Program

| Personal Information of Participant | | | |
|-------------------------------------|--|-------------------|--------|
| Last name: | | First name: | |
| Nationality: | | Native language: | |
| Date of birth: (mm/dd/yyyy) | Gender: M <input type="checkbox"/> F <input type="checkbox"/> | Current School: | Grade: |
| Passport number: | | Country of issue: | |
| Email of participant: | | | |
| Home phone: | | Cell phone: | |
| Street address: | | | |
| City: | | State/Province: | |
| Country: | | Zip/Postal code: | |

| Communication with other participants |
|--|
| Can we share your first name, e-mail address and departure date with other program participants who might be interested in making contact before your program starts? Yes <input type="checkbox"/> No <input type="checkbox"/> |

| Parent/Guardian Contact Information | |
|-------------------------------------|---------------------------|
| Last name: | First name: |
| Relationship to participant: | Daytime phone: |
| Evening phone: | Cell: |
| Emergency number: | Email of parent/guardian: |

| Course Information | |
|---|-----------------------|
| Course name: Berlin Mature Teen Residence/Homestay Program | German level: |
| Start date (Sunday): | Finish date (Sunday): |

| Accommodation and Meals |
|---|
| Accommodation is in either residence, hostel or with a host family both with 2 meals per day. Please select which accommodation option you would like: Residence <input type="checkbox"/> or Hostel <input type="checkbox"/> or Homestay <input type="checkbox"/> |

The Learning Traveller

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Homestay Information

For the homestay option, please answer the following questions:

1. Do you mind if there are children in the homestay: yes no
2. Do you mind if there are animals (dogs, cats, birds): yes no
3. Do you mind if adults smoke in the homestay: yes no
4. Please list any other homestay preferences you have:

Please note: We will do our best to match your preferences however we ask that you have an open mind as wonderful host families come in all shapes and sizes and are located in a variety of settings.

Medical Information and Dietary Requirements/Preferences

It is essential that you declare any/all medical conditions and issues (including medication) as well as any/all dietary issues on the attached Medical Information and Dietary Requirements/Preferences Form. Failure to do so may result in you not receiving proper medical attention if an illness or medical emergency should arise (please attach additional pages if required).

Travel Details

Please wait until your booking has been confirmed by us before you make travel arrangements. You will be asked to e-mail us your travel details approximately 4 weeks before the course start date.

Airport Pickup and Drop off

A return airport transfer for Berlin/Potsdam is **included in the price** of your program. Please indicate below only if you **do not** require this service.

I **do not** require a return airport transfer: I require **only a one-way** airport transfer:
Arrival transfer: Departure transfer:

How did you hear about The Learning Traveller?

Terms and Conditions & Parental Authorization (required for all participants under 18)

By signing below, I acknowledge the following:

1. I have read and agree to The Learning Traveller Terms and Conditions found at www.learningtraveller.com/terms.asp
2. I authorize my child, named in this application, to participate in the selected program.

| | |
|--|----------------------------|
| Name of parent or legal guardian: | Relationship to applicant: |
| Signature of parent or legal guardian: | Date: |
| Signature of student: | Date: |

* In the event of a joint or shared custody arrangement, both parents must sign the application.



Medical Information and Dietary Requirements/Preferences Form

Student name: _____ Date of arrival: ___/___/___
Age on arrival: _____

Emergency contact name & telephone number during the course:

Name: _____ Number: _____

Do you suffer from any of the following?

▫Asthma: Yes/No
Details: _____

▫Allergies to food, animals or medicine: Yes/No
Details: _____

▫Anorexia or Bulimia: Yes/No
Details: _____

▫Epilepsy Yes/No
Details: _____

Do you need a special diet for religious or medical reasons?

Yes/No
Details: _____

Do you have a physical disability or condition that might affect your ability to fully participate in the program?

Yes/No
Details: _____

Are you vegetarian?

Yes/No

Are you on medication, and if so, must this be refrigerated?

Yes/No

Please give complete details (attach a separate sheet of paper if necessary).

◦ I authorize school staff to administer first aid* where the care of a nurse or doctor is not considered necessary.

◦ In the unlikely event that my child should require emergency treatment or surgery, I authorize school staff to sign the consent form on my behalf.

Signed:.....mother/father/guardian (please circle one)

Date:.....

*this includes only ordinary home remedies such as a band-aid for a cut finger or an aspirin for a headache. Depending on local laws, staff may be legally prevented from helping your child in this way without your written permission.