

The Learning Traveller

YOUR LANGUAGE TRAVEL EXPERTS

www.learningtraveller.com



Application Form for Montreal Gap Year 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: Montreal Gap Year Program		How many years have you studied French:	
Estimated French level: Beginner: <input type="checkbox"/> , Elementary: <input type="checkbox"/> , Intermediate: <input type="checkbox"/> , Advanced: <input type="checkbox"/>			
Start date (Sunday):		Finish date (Saturday):	
20 lessons per week: <input type="checkbox"/>	25 lessons per week: <input type="checkbox"/>	30 lessons per week: <input type="checkbox"/>	

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Accommodation and Meals

Homestay accommodation consists of a single room with a host family and 2 meals per day. Other students from the program may also stay with the same host family but will have their own separate room. Please fill out the homestay information questions below and list any specific preferences.

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.

Airport Transfers

An airport pick-up for Montreal can be added at an additional cost. Please indicate below if you require an airport pick-up and/or drop-off or if you do not require any airport transfers.

I do not require any airport transfers: I will require an airport pick-up: and/or drop-off:

Program Fees

Basic Program fees (tuition, accommodation and meal plan where applicable)	\$
Medical Insurance (\$30 USD per week) Coverage from: D____ M____ Y____ to D____ M____ Y____	\$
Extra nights accommodation From: _____ To: _____	\$
Airport Pickup (if applicable)	\$
Additional options (private lessons, alternative courses, etc.)	\$
Total Cost	\$

How did you hear about The Learning Traveller?

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Parental Authorization Form

General Rules and Guidelines:

1. The student is between 13 and 17 years of age.
2. The student will take part in an Adult Language Program and will be treated as an adult, not a minor student. The Learning Traveller will not provide any supervision or special treatment due to their age.
3. The student is expected to attend and arrive on time to all classes, unless there is a valid reason. The on-site staff must be contacted, if the student is unable to participate.
4. For Host Family programs, participants are expected to be home with their host families by the curfew time appointed by the hosts and must abide by other house rules.
5. The program accommodation is for participants only; overnight guests are not permitted to stay with the host family or at any other type of accommodation.
6. Participants are not permitted to make long-distance phone calls from their accommodation. Parents may call the participants at the accommodation at set times. It is customary to keep calls as brief as possible.
7. Participants are expected to be courteous and respectful guests and must obey all local laws. Illegal drug use or abusive behavior at any age or alcoholic consumption by minor participants will not be tolerated. The Learning Traveller reserves the right to refuse to serve, cancel and/or terminate participation for any person who fails to comply with the policies of the program, or for any other reason deemed necessary at the sole discretion of The Learning Traveller or the school. ***We reserve the right without escort or refund, to send home any participant who violates the rules stated above at the expense of the participant or his/her family.***
8. Please confirm program arrival/departure dates on the confirmation letter you receive from our office. Extra accommodation nights before or after the program dates may be requested for an additional fee.
9. Parents and participants are solely responsible for all transportation to and from the school location and/or booked accommodation. If requested, The Learning Traveller can arrange an airport pick-up (dependant on location) for an additional fee. The Learning Traveller accepts no responsibility for travel delays or missed flight connections. We strongly recommend that you book direct flights to the airport closest to the school location, where possible.

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 and the parental authorization form as mentioned above.
2. I authorize my child, named in this application, to participate in the selected program.

Name of parent or legal guardian (if student is under 18):	Relationship to applicant:
Signature of parent or legal guardian (if student is under 18):	Date:
Signature of student:	Date:

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

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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 I should require emergency treatment or surgery, I authorize school staff to sign the consent form on my behalf.

Signature of student: _____

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.