



Application Form for Montreal Teen Residence 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 Teen Residence Program	Years of French study:
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):

The Learning Traveller

YOUR LANGUAGE TRAVEL EXPERTS

www.learningtraveller.com



Accommodation and Meals

Accommodation is in single or double rooms in residence with 3 meals per day:

*Please note double rooms are only available for friends wishing to stay together. Individual travelers must stay in a single room.

- 1) Single room with 3 meals per day:
2) Double room with 3 meals per day:

Roommate name (if applicable): _____

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 Montreal 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.

CALL US TOLL-FREE ON 1 888 386 1411 IF YOU HAVE ANY QUESTIONS ABOUT THE APPLICATION PACKAGE OR PROCESS.

www.learningtraveller.com



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.



Airport Reception Release Form

Montreal Teen Residence Program students staying in residence will be met at the airport by one of our official LSC greeters. The greeters then transport the students to the residence.

I _____ am giving my full authorization for the LSC greeter
(name of parent)
to meet and greet _____ at the airport and provide them
(name of student)
with transportation to the residence.

Flight information:

Date of Arrival: _____

Time of Arrival: _____

Airline confirmation number: _____

Departure city: _____

Parent's signature: _____

Date: _____

In case of emergency, please contact LSC Montreal's emergency cellular telephone number at 514-947-1030.



Notes Regarding Afternoon and Evening Activities

1. All afternoon, evening and weekend activities in the LSC Residence program are **mandatory**. (Participation in the activities is included in the package price).

LSC offers an evening and weekend activities programme specifically designed for teens. The activities are supervised, age-appropriate and lots of fun! Please find our sample evening and weekend activities calendars enclosed.

***Please note: The Toronto/Niagara Falls trip is NOT included in the residence package. Students may participate in this activity, but it is at extra cost.**

2. For students who are ill, they must have the permission of the LSC Coordinator or LSC residence Don prior to leaving the activity early.

3. Free time in the afternoon: **Limited** free time can be taken after school activities if a student has written permission from the parents to do so. Students with permission must go out in groups of 2 or more. If you would like to authorize your child to have free time in the afternoons, please sign the authorization form below.

Parental Authorization for Afternoon Free Time

Student name: _____

Parent's name: _____

I _____, authorize my child, _____,
(Parent's name) (Student's name)

to have limited free time in the afternoons (after organized LSC activities) to explore Montreal. During this time, my child will take responsibility for his/her safety by travelling in pairs and/or groups.

Parent signature: _____ Date: _____



Residence Code of Conduct

1. Students must comply with the schedule of the program, including classes, activities, meals, quiet hours and curfews.
2. Attendance: in order to receive the maximum benefit of your stay, you must attend all classes and activities. Attendance is taken and reported to the Director of the school. Repeated absences will result in your parents being notified. Students must attend a minimum 90% of their classes and 90% of their afternoon activities in order to receive their certificate of completion.
3. Curfew: students must obey curfew times (22h30 weekdays, midnight on weekends). No loud music after 21h00 is permitted.
4. Overnight guests are STRICTLY FORBIDDEN. Students may not visit the rooms of the opposite sex. The residence has common lounges for students to meet.
5. The residence Don will check rooms periodically. Students must keep their rooms neat and tidy.
6. Students committing any act or behavior that jeopardizes the safety and well-being of other students or staff will not be tolerated.
7. Students will not consume or possess any type of alcoholic beverage, illegal drug or narcotic. **The police will be called.** Students will be dismissed immediately without a refund.
8. Care for furniture and other residence equipment as if it was your own. Students will be required to pay for any damages to residence property. Use no tacks or tape on the walls or furniture.
9. LSC does not have insurance coverage on students' property. Students are encouraged to insure their property through a private insurance company.

I understand that if I do not follow these rules, regulations and code of conduct, my parents will be contacted and I may be dismissed from the programme with no refund of fees.

Student name (please print): _____

Signature: _____ Date: _____

Parent name (please print): _____

Signature: _____ Date: _____