



Application Form for Quebec City Teen 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:	
Father's full name:		Mother's full name:	
Father's birth date:		Mother's birth date:	
Course Information			
Course name: Quebec City Teen Homestay Program		French Level:	
Start date (Sunday):		Finish date (Saturday):	

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Accommodation and Meals

There are no accommodation options for this program. Accommodation is provided with local host families. You will receive 3 meals per day.

Homestay Information

Please answer the following homestay 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.

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 Quebec City 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: _____
Relationship to the student: _____

Do you suffer from any of the following?

•Asthma: Yes/No Details: _____	•Allergies to food, animals or medicine: Yes/No If yes, does your child carry an epipen? Details: _____
•Anorexia or Bulimia: Yes/No Details: _____	•Epilepsy: Yes/No Details: _____
•Cardiac Diseases: Yes/No Details: _____	•Diabetes: Yes/No Details: _____
•Auditory Problems: Yes/No Details: _____	•Visual Problems: Yes/No Details: _____
•Intellectual Problems: Yes/No Details: _____	•Physical Problems: Yes/No Details: _____
•Other: _____	

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).

Are you vegetarian?

Yes/No

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

Yes/No

Details: _____

Do you have behavior problems?

Yes/No

Do you wear glasses or contact lenses?

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Yes/No

Do you know how to swim?

Yes/No

Do you need to wear floaters in the water?

Yes/No

Do you need to wear ear plugs?

Yes/No

Do you prefer not doing certain activities?

Yes/No

Please describe yourself, including likes and dislikes:

Any other elements you would like us to know about you:

- I authorize school staff to administer first aid* where the care of a nurse or doctor is not considered necessary.
- I authorize school staff to give the following medicines without prescription, according to the needs of my child: acetaminophen (Tylenol), Ibuprofen (Advil), Calamine, Anti-histamine (Benadryl), Antiemetic (Gravol), Antibiotic cream (Polysporin)
- I authorize school staff to administer the dose of adrenaline, if foreseen by a prescription.
- 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 (this includes the purchase of prescription medicine at the expense of the parents).
- I authorize the school to use photos and/or videos of my child for promotional or advertising use. All collected material will remain property of the school.

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

Date:.....

Signed:.....
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.