



## Application Package for the Madrid Super-Intensive Teen/Junior Residence Program

Thank you for booking your language immersion program through The Learning Traveller!

Prior to completing the application package please be sure both teens and parents have read through the information found on the following sections of The Learning Traveller website:

1. For Teens: [www.learningtraveller.com/teenprograms\\_forteens.asp](http://www.learningtraveller.com/teenprograms_forteens.asp)
2. For Parents: [www.learningtraveller.com/teenprograms\\_forparents.asp](http://www.learningtraveller.com/teenprograms_forparents.asp)

In order to get your program booking underway, please:

- 1) complete each page of the attached application and fax the documents to +1 519 821 7490
- 2) mail the original application (please keep a copy for your records) to:

The Learning Traveller Inc  
Suite 201, 121 Wyndham Street North  
Guelph, Ontario N1H 4E9 Canada

Be sure to include your non-refundable deposit check for \$300 US/\$300 CDN as well as a photo copy of the main page of your passport

**PLEASE NOTE: YOU WILL NEED A VALID PASSPORT TO ENTER SPAIN. DEPENDING ON YOUR COUNTRY OF ORIGIN YOU MAY ALSO NEED AN ENTRY VISA (US/CANADIAN CITIZENS DO NOT NEED AN ENTRY VISA FOR STAYS OF LESS THAN 3 MONTHS). PLEASE CHECK WITH YOUR LOCAL SPANISH CONSULATE FOR VISA INFORMATION. IF YOU DO NOT HAVE A VALID PASSPORT PLEASE ENSURE YOU APPLY FOR A NEW ONE WELL IN ADVANCE OF YOUR PROGRAM START DATE. ALL TRAVEL DOCUMENT REQUIREMENTS ARE THE RESPONSIBILITY OF THE APPLICANT.**

### Booking Confirmation:

Once we receive your completed application package we will provide a booking confirmation (this can take up to 72 hours) as well as final payment instructions.

### Travel Arrangements:

Upon receipt of your booking confirmation, you can make your travel arrangements. Please do not make any travel arrangements until you have received a booking confirmation from our office. For the July 18 start date, arrival is Sunday July 18 and departure is Saturday July 31 or Saturday August 14; for the July 31 start date, arrival is Saturday July 31 and departure is Saturday, August 14, 2010. Please arrange to arrive in Madrid between 8:00 and 20:00 and depart between 8:00 and 20:00 (arrival or departure outside of these hours/days will result in extra costs and must be pre-approved by our office). Once you have your travel arrangements confirmed please provide us with the details by e-mail to [info@learningtraveller.com](mailto:info@learningtraveller.com).

### Pre-departure Information:

Approximately one month prior to your course start date you will receive a comprehensive pre-departure package with information to help you prepare for your language immersion program.

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

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[www.learningtraveller.com](http://www.learningtraveller.com)



## Application Form for the Madrid Super-Intensive 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  No

### 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: Madrid Super-intensive Teen/Jr. Residence Program	How many years of Spanish study:
Start date:	Finish date:

### Accommodation and Meals

Accommodation is a single room in residence with 3 meals per day. There are no accommodation or meal options for this program.

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## Optional Excursions and Sports

The school offers extra and optional excursions on Saturday evenings and Sundays as follows. The cost per excursion is \$155 US. Please select below the optional excursion(s) you would like to join while in Madrid:

Saturday July 24 - Musical and Dinner

Sunday July 25 - Warner Bros. Amusement Park

Saturday August 7 - Musical and Dinner

Sunday August 8, - Casa del Campos

Tennis

8 x 45 minutes per week

Golf

8 x 45 minutes per week

Horseback Riding

8 x 45 minutes per week

## 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 Madrid 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:

## Tell Us About You

It is always very helpful if teachers and monitors can get to know you before you arrive. Tell us about yourself including your hobbies and interests as well as what you hope to get out of a total immersion program in Madrid (please attach additional pages if required):

## 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](http://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.

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## LANGUAGE PROFILE

Name: \_\_\_\_\_

Surname : \_\_\_\_\_

Date of arrival in Madrid: \_\_/\_\_/\_\_\_\_

How many years have you been learning Spanish? \_\_\_\_\_

Average number of hours studied per year: \_\_\_\_\_

Which (if any) language examinations are you preparing for? \_\_\_\_\_

Date of exam: \_\_/\_\_/\_\_\_\_

◦Indicate your level for each of the following: (Please consult your teacher)

Reading comprehension:

Writing:

Listening comprehension:

Speaking:

Overall:

◦In order to help your teachers at LINES to prepare your lessons, please write about 10 sentences in Spanish about your last holiday without using either a dictionary or a grammar reference book.

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.....  
.....  
.....  
.....  
.....

◦Objectives.

Please tell us, either in Spanish or your mother tongue, what you particularly need to work on, what your main weaknesses are. Please consult your teacher first. Mention also any books you have to read.

- 1.....
- 2.....
- 3.....
- 4.....
- 5.....
- 6.....

Books:.....

◦Motivation. Please tell us why you have chosen the Madrid Teen Residence Program

.....  
.....  
.....

◦Your teacher's comments (optional):

.....  
.....  
.....

Please attach a  
passport size photo  
here.

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## Medical Information and Dietary Requirements/Preferences Form

NAME: \_\_\_\_\_ DATE OF ARRIVAL: \_\_/\_\_/\_\_\_\_ AGE ON ARRIVAL: \_\_\_\_\_

EMERGENCY CONTACT TELEPHONE NUMBER DURING THE COURSE: \_\_\_\_\_

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.