



ESL CAMP STUDENT APPLICATION FORM 2017



WINTER

SUMMER

Student Information					
Last Name	First Name	Middle Name	Age	Date of Birth (dd/mm/yyyy)	
Country of Origin	Entering Grade	Gender			
		<input type="checkbox"/> Male <input type="checkbox"/> Female			
ESL Camp Selection					
(Please check which camps attending)					
Winter Flex Camps <input type="checkbox"/> 7 weeks (\$5000 CDN) Please state dates attending <input type="checkbox"/> 4 weeks (\$3000 CDN) (between Jan 9 and Feb 24) <input type="checkbox"/> 2 weeks (\$1600 CDN) _____		<input type="checkbox"/> Winter Parent/ Child (\$6500 CDN) January 22 – February 18, 2017 <input type="checkbox"/> Summer Camp (\$3500 CDN) July 17 – August 11, 2017			
* Upon notification of acceptance, payment for camp fees is required in full.					
Home Address		Mailing Address			
Apartment Number	Street address	PO Box Number	Other		
City/ Town	Postal Code	City/ Town	Postal Code		
Family Information					
Father's Last Name	Father's First Name	Lives with student	Occupation	Employer	
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Mother's Last Name	Mother's First Name	Lives with student	Occupation	Employer	
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Contact Information					
Home Number	Father's Work #	Father's Cell #	Mother's Work #	Mother's Cell #	
	(ext.)		(ext.)		
Primary Email Address		Secondary Email Address		No Email Address	
				<input type="checkbox"/>	



