ENROLLMENT FORM - CHILD/TEENAGER PROGRAMS

STUDENT DETAILS: PLEASE PRINT CLEARLY			
First Name: _	Family name:		Sex: M / F
Student Email:	Citizenship:		
Date of birth: Day / Month / Year	Age:		
PARENT/GUARDIAN DETAILS: (main contact for our of	fice)		
First Name: I			
Relationship to Student:			
Address:		City:	
Province/State: Country:	Postal code:		Tel.# (Home):
Tel. # (Work) :	Fax #:		
E-mail address:			
Alternative Contact Person in case of an emergency:		Tel:	
Are you willing to be contacted via email by other Language Vacation	n participants also enrolle	ed in your program? Y	es No
How did you hear of about us?: If through a website, which one:			
SCHOOL AND PROGRAM INFORMATION			
Program location: Dates: Fro	mrD /M /Y	ToD/M/	Y # of Weeks
Standard, Intensive or Other:			
Language level (No knowledge / Beginner / Intermediate / Advanced):			
ACCOMMODATION INFORMATION (PLEASE INCLUDE ALL ROOM SHARE OR SPECIAL REQUESTS)			
Accommodation (Apartment / Host Family / Residence / Other):			
Single Room / Double Room / Multi Shared:			
Catering choice if applicable: (Breakfast / Half board / Full board)			
Dietary requirements / Health conditions:			
Additional comments (please add another sheet if needed)			
VACATION FEES & OPTIONS (All prices in USD):			
Basic Program Fees (tuition, accommodation, meals, airport transfer)			\$
Late Booking Fee (Applies to programs booked within 45 days of course	start date)		\$
Total cost of any supplementary activities (see above):			\$
		Total Program Pric	se \$
I understand and agree to the Terms & Conditions of Language	e Vacation		
PARENT/GUARDIAN SIGNATURE:		DATE: D	/M/Y
HOW TO ENROLL:			

1) Please complete and sign this booking form

2) If enrolling within 45 days of the start date, $\ensuremath{\mathsf{FULL}}\xspace$ PAYMENT is due.

3) Scan and send booking form to info@languagevacation.com

4) Please do NOT book flights until your program is confirmed..