

British Columbia Christian Academy

ESL SUMMER PROGRAM STUDENT APPLICATION 2013



To assist the family by providing a Christ-centered, Bible-based education that inspires each student to pursue excellence in moral character, academics and service to others.

Comans 12:12



Date of Application:

ESL SUMMER PROGRAM 2013 — STUDENT APPLICATION

BCCA STUDENT NO.:	Year / Month / I	Day	
2 NAME: FIRST MIDDLE LAST 3 ENGLISH NAME: 4 DATE OF BIRTH:	DEDSONAL DATA	DI FACE DDINT OF FADILY IN ENGLICH	
A DATE OF BIRTH:	PERSONAL DATA	PLEASE PRINT CLEARLY IN ENGLISH	(For previously enrolled students)
Year Month Day	2 NAME: FIRST MIDI	DLE LAST	3 ENGLISH NAME:
Total Care Country	4 DATE OF BIRTH:	5 AGE:	6 GENDER:
ESL SUMMER PROGRAM APPLICATION and FEE: 10 SEMESTER:	Year Month Day		□ MALE □ FEMALE
ESL SUMMER PROGRAM APPLICATION and FEE: 10 SEMESTER:	7 CITIZENSHIP:	8 COUNTRY OF RESIDENCE:	9 EMAIL ADDRESS:
11 ESL INTENSIVE PROGRAM: 1. 02 JUL = 30 JUL 2013 BASIC 9am=3pm \$425.00 per week (inclusive of insurance, non-tour/field trips) VICTORIA TOUR \$150.00 per Tour (Tour Date to be confirmed and venue is subject to change)			@
□ 1. 02 JUL − 30 JUL 2013 □ 2. 02 Aug − 20 AUG 2013 □ 3	ESL SUMMER PROGRAM APF	PLICATION and FEE:	
□ 2. 02 Aug = 20 AUG 2013 □ 3	10 SEMESTER:	11 ESL INTENSIVE PROGRAM:	12 OPTIONAL PROGRAM ADD-ONS:
□ 3. to (please enter from/to dates requested) 13 APPLICATION FEE: 14 PROGRAM FEES (11 + 12) 15 HOMESTAY FEE: Nights X \$35.00 = \$.00 16 HOMESTAY PLACEMENT FEE: 17 MEDICAL INSURANCE (additional days):	□ 1. 02 JUL – 30 JUL 2013		
3	☐ 2. 02 Aug – 20 AUG 2013		`
13 APPLICATION FEE: 14 PROGRAM FEES (11 + 12) 15 HOMESTAY FEE: Nights X \$35.00 = \$.00 16 HOMESTAY PLACEMENT FEE: 17 MEDICAL INSURANCE (additional days): 18 AIRPORT TRANSFERS (2-Way): \$100.00 0 no Way (\$60) = \$.00 TOTAL FEES PAYABLE: PAYMENT RECEIVED: Cash Cheque No. Other DATE: 13+14+15+16+17+18 Cash Cheque No. Other DATE: Does this student have any food / drug allergies? If so please list: Does this student have any medical condition that the school should be aware of? Yes No If Yes, please give additional information: Father's Name: Address in Home Country: Home Phone Number: Business Phone Number: Fax: Email: Does this student currently have Medical Insurance? Yes No If Yes, please give Care Card No. or Private Medical Insurance Policy No.	□ 3to		subject to change)
\$100.00 \$ Nights X \$35.00 = \$.00 16 HOMESTAY PLACEMENT FEE: 17 MEDICAL INSURANCE (additional days): 18 AIRPORT TRANSFERS (2-Way): \$100.00	(please enter from/to dates requested)	(inclusive of insurance and field trips)	
16 HOMESTAY PLACEMENT FEE: \$\frac{17}{8}\$ MEDICAL INSURANCE (additional days): \$\frac{18}{8}\$ AIRPORT TRANSFERS (2-Way): \$100.00 \$ \$\text{ \$\tex	13 APPLICATION FEE:	14 PROGRAM FEES (11 + 12)	15 HOMESTAY FEE:
\$150.00	\$100.00	\$	Nights X \$35.00 = \$.00
TOTAL FEES PAYABLE: 13+14+15+16+17+18 Cash Cheque No. Cheque No. Cosh Cheque	16 HOMESTAY PLACEMENT FEE:	17 MEDICAL INSURANCE (additional days):	18 AIRPORT TRANSFERS (2-Way): \$100.00
STUDENT MEDICAL INFORMATION Does this student have any food / drug allergies? If so please list: Does this student have any medical condition that the school should be aware of?	\$150.00	+ \$2.00 per day= \$.00	□ One Way (\$60) = \$.00
\$ Other STUDENT MEDICAL INFORMATION Does this student have any food / drug allergies? If so please list: Does this student have any medical condition that the school should be aware of?	TOTAL FEES PAYABLE:	PAYMENT RECEIVED:	DATE:
Does this student have any food / drug allergies? If so please list: Does this student have any medical condition that the school should be aware of?	13+14+15+16+17+18	☐ Cash ☐ Cheque No.	
Does this student have any food / drug allergies? If so please list: Does this student have any medical condition that the school should be aware of?	\$	□Other	
Does this student have any medical condition that the school should be aware of?	STUDENT MEDICAL INFORMA	ATION	
If Yes, please give additional information: Father's Name: Address in Home Country: Home Phone Number: Business Phone Number: Fax: Email: Does this student currently have Medical Insurance? \(\text{ Yes} \) No If Yes, please give Care Card No. or Private Medical Insurance Policy No.	Does this student have any food / drug allergie	es? If so please list:	
If Yes, please give additional information: Father's Name: Address in Home Country: Home Phone Number: Business Phone Number: Fax: Email: Does this student currently have Medical Insurance? \(\text{ Yes} \) No If Yes, please give Care Card No. or Private Medical Insurance Policy No.	Described and beautiful and distance of the second	that the calcal should be assessed 2. C. Vee	
Address in Home Country: Home Phone Number: Business Phone Number: Fax: Email: Does this student currently have Medical Insurance? No If Yes, please give Care Card No. or Private Medical Insurance Policy No.	-	that the school should be aware of? 🗀 Yes 🗀 No	0
Home Phone Number: Business Phone Number: Fax: Email: Does this student currently have Medical Insurance?	Father's Name:	Mother's Name:	
Does this student currently have Medical Insurance? ☐ Yes ☐ No If Yes, please give Care Card No. or Private Medical Insurance Policy No.	Address in Home Country:		
If Yes, please give Care Card No. or Private Medical Insurance Policy No.	Home Phone Number:	Business Phone Number:	Fax: Email:
	Does this student currently have Medical Insu	rance? Yes No	
Note: All students attending BCCA must have medical coverage.	If Yes, please give Care Card No. or Private N	ledical Insurance Policy No.	
	Note: All students attending BCCA must h	ave medical coverage.	
	l.		

LEGAL GUARDIAN OR CONTACT PERSON IN VANCOUVER AREA

	•·····································	
NAME:		
Relationship to the Family:		
Address student will be staying at while in Canada	:	
Home Phone: Wo	rk Phone:	Cell Phone:
Fax Number: E-n	nail Address:	@
AGENT'S NAME:		OR □ Same as above
NAME OF COMPANY:		Phone Number:
Cell Phone: Fa:	x Number:	E-mail Address:
STUDENT TRAVEL AND HOMESTAY RE	QUIREMENTS	
Does this student need Airport Service? □	Yes □ No	
If student needs homestay placement, please fill or	ut the following, as well as the Stu	dent Homestay Application:
Arrival Flight / Date:/ Time:	Departure Flight / Date:	/Time:
Mother Tongue: Level	of English: ☐ Beginner ☐ In	termediate
Traveling with another student or group? Name(s)	:	
Does this student need Homestay Placement? $\ \square$	Yes □ No Have you ever	homestayed before? ☐ Yes ☐ No
(Please note that children in School Grades K -	3 are not eligible for Homestay	and must stay with parents.)
$\underline{\textbf{Homestay Preferences:}} \hspace{0.2cm} \textbf{Family with children:} \hspace{0.2cm} \square$	Yes ☐ No If yes, please t	ick one of the following:
$\hfill\Box$ Around the same age as student(s) $\hfill\Box$ Older that	n Student(s) □ Younger than Stud	dent(s) □ No Preference
Family with pets: ☐ Yes ☐ No If yes, please	e tick one of the following: Any	☐ Please Specify
Is there any food you cannot eat? Please Specify _		
What are your hobbies and interests?		
SIGNATURE OF STUDENT		
I hereby certify that the information I have provided that submission of this application does not guaran Columbia Christian Academy.		
Signature of Applicant	Signature of Parent/Guardian for	students under age 19 years
Print Name of Applicant	Print Name of Parent/Guardian	
Date:		

IMPORTANT ADDITIONAL INFORMATION

All students who wish to enroll **MUST** complete the application form **completely** before submitting it to the office.

THE APPLICATION FORM MUST BE ACCOMPANIED BY:

- One passport photo.
- Photocopy of the student's birth certificate or passport to prove age
- A non-refundable \$50.00 Application Fee
- B.C.C.A. Student Number (For former B.C.C.A. students)

IMPORTANT:

- Please note, B.C.C.A. reserves the right to refuse admission on the basis of academic or behavior history, or class size requirements and limitations.
- Tuition must accompany the completed application.
- Tuition is due in the form of a cheque, or money order payable to British Columbia Christian Academy, in Canadian funds, or Wire Transfers. (For International Students, the cheque must be verified.)
- Students may attend summer school on a Visitor Visa. A student visa is not necessary for a program of this duration.

FOREIGN VISAS:

If students wish to travel to the United States, they need to contact the United States consulate in their home country before coming to Canada.

ACCOMMODATION:

British Columbia Christian Academy can arrange homestays for students in Grades 4 - 12 if desired. The Homestay family is carefully reviewed by the school. All applicable fees are as specified above (ESL SUMMER PROGRAM APPLICATION and FEE).

RELEASE FORM

In consideration of the acceptance of this application for registration, I, intending to be legally bound, hereby for myself, my heirs, executors and administrators waive and release any and all rights and claims for damages I may have against B.C. Christian Academy and/or its representatives and/or assignees, for any and all damages which may be sustained and suffered by me or my child (of whom I am parent/guardian) in connection with my or my child's association with or registration in this program of study or any activities associated with such program, or which may arise out of my or my child's travelling to, participating in, or returning to/from said program or activities associated with it.

Signature of Applicant	Signature of Parent/Guardian for students under age 19 years	
Print Name of Applicant	Print Name of Parent/Guardian	
Date:		



British Columbia Christian Academy

1019 Fernwood Avenue, Port Coquitlam – British Columbia V3B 5A8 Canada Tel: 604-941-8426 Fax: 604-945-6455 website: www.bcchristianacademy.ca