

Explore & Experience English as a Second Language

2018

Program Schedule:

A typical weekday includes morning and afternoon English language lessons with certified, highly experienced ESL teachers. Students enjoy Canadian meals and may visit some local restaurants.

Wednesday afternoons, students experience local attractions, such as museums, plays, sports, etc. Saturdays will be dedicated to all-day Canadian excursions, such as Niagara Falls and Toronto. Sundays in Canada are dedicated to rest and to enjoy free-time. Students can take in the local festivals, nature walks and specialty boutiques.

Summer ESL Program 2018

\$3699 CAD

4-Week Program

Includes meals*, accommodations, lessons and activity fees.

Dates: July 30-August 24.

**On excursions, students will be responsible for their own meals.*

Highlights:

- **Ministry of Ontario English Credit:** Over 110 hours of English language class instruction
- Visit Niagara Falls & outlet mall
- Visit Toronto; see the Ontario Science Centre!
- World-class theatre at the Stratford Festival
- Local excursions; shopping, restaurants, swimming, museums, art galleries & more

Stratford
FESTIVAL





45 Waterloo Street South, Stratford, Ontario, Canada
Phone: (519) 272-1900 ex. 1
nelliott@nancycampbell.ca

Student Information: Please print clearly or type. One form per applicant.
Short term programs:

Drama Camp(2 wks) Wilderness Camp (2 wks) ESL Camp (4wks)

Surname: _____ Given Names: _____

Date of Birth: ____/____/____ Male Female

Native Language: _____ Other Languages: _____

Citizenship: _____

Which passports(s) the student carries: _____

A photo copy of student's valid Passport (photo page only) MUST be attached to this form.

Home Address: _____

City: _____ Province/State: _____

Country: _____ Postal/Zip Code: _____

Mother's Name: _____ Email: _____

Father's Name: _____ Email: _____

Student's Phone: _____ Parent's Phone: _____

Dietary/Health Information: Vegetarian Vegan Gluten Free

Please list any food allergies or relevant dietary information: _____

List any supplements: _____

List medications that the student may take to relieve symptoms of illness (Tylenol/Ibuprofen for pain, cough medicine/lozenges): _____

Does the student have health insurance? Yes No

If no, insurance will be supplied at \$150. CAD

Medical Insurance Co. & Policy #: _____

Name on Health Card Plan: _____

General Permission & Medical Release: Authorization of Consent to the Treatment of a Minor

I/We, as the undersigned parent/guardian of _____, a minor, do hereby authorize Nancy Campbell Academy representatives or agents, to consent to any and all necessary immediate medical or surgical treatment deemed advisable by a physician licenced under the Medical Practice Act of Ontario. In this event, I/We agree to pay all costs incurred which may not be covered by medical health plan or medical insurance policies.

I hereby give permission to Nancy Campbell Academy for my son/daughter, to travel in school-authorized vehicles and to participate in any and all activities and excursions under the auspices of NCA and their agents.

Parent/Guardian Name: _____ Signature: _____

Student if over 18yrs: _____ Date: ____/____/____

