



British Columbia Christian Academy

ESL SUMMER PROGRAM STUDENT APPLICATION

2015



MISSION STATEMENT

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.



British Columbia Christian Academy

ESL SUMMER PROGRAM — STUDENT APPLICATION

Date of Application: _____
Year / Month / Day

PERSONAL DATA

PLEASE PRINT CLEARLY IN ENGLISH

2 NAME: FIRST MIDDLE LAST			1 BCCA STUDENT NO.: (For previously enrolled students)
4 DATE OF BIRTH: Year Month Day			3 ENGLISH NAME:
5 AGE:		6 GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
7 CITIZENSHIP:	8 COUNTRY OF RESIDENCE:	9 EMAIL ADDRESS: @	

ESL SUMMER PROGRAM APPLICATION and FEE:

10 SEMESTER: <input type="checkbox"/> 1. 06 JUL – 31 JUL 2015 <input type="checkbox"/> 2. 04 Aug – 21 AUG 2015 <input type="checkbox"/> 3. _____ to _____ (please enter from/to dates requested)	11 ESL INTENSIVE PROGRAM: <input type="checkbox"/> BASIC 9am–3pm \$425.00 per week (inclusive of insurance, non-tour/field trips) <input type="checkbox"/> EXTENDED 9am–5pm \$645.00 per week (inclusive of insurance and field trips)	12 OPTIONAL PROGRAM ADD-ONS: <input type="checkbox"/> VICTORIA or WHISTLER DAY TOUR \$150.00 per Tour (Tour Date to be confirmed and venue is subject to change)
13 APPLICATION FEE: \$100.00	14 PROGRAM FEES (11 + 12) \$	15 HOMESTAY FEE: Nights X \$35.00 = \$.00
16 HOMESTAY PLACEMENT FEE: \$150.00	17 MEDICAL INSURANCE (optional for students with Travel Insurance): + \$2.00 per day= \$.00	18 AIRPORT TRANSFERS (2-Way): \$100.00 <input type="checkbox"/> One Way (\$60) = \$.00
TOTAL FEES PAYABLE: 13+14+15+16+17+18 \$	PAYMENT RECEIVED: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque No. <input type="checkbox"/> Other	DATE:

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? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please give additional information:
Father's Name: _____ Mother's Name: _____ Address in Home Country: _____
Home Phone Number: _____ Business Phone Number: _____ Fax: _____ Email: _____
Does this student currently have Medical Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please give Care Card No. or Private Medical Insurance Policy No. Note: <u>All</u> students attending BCCA <u>must</u> have medical coverage.

LEGAL GUARDIAN OR CONTACT PERSON IN VANCOUVER AREA

NAME:		
Relationship to the Family:		
Address student will be staying at while in Canada:		
Home Phone:	Work Phone:	Cell Phone:
Fax Number:	E-mail Address:	@
AGENT'S NAME:		OR <input type="checkbox"/> Same as above
NAME OF COMPANY:		Phone Number:
Cell Phone:	Fax Number:	E-mail Address:

STUDENT TRAVEL AND HOMESTAY REQUIREMENTS

Does this student need Airport Service? Yes No

If student needs homestay placement, please fill out the following, as well as the Student Homestay Application:

Arrival Flight / Date: _____ / _____ Time: _____ Departure Flight / Date: _____ / _____ Time: _____

Mother Tongue: _____ Level of English: Beginner Intermediate

Traveling with another student or group? Name(s): _____

Does this student need Homestay Placement? Yes No Have you ever homestayd before? Yes No

(Please note that children in School Grades K - 3 are not eligible for Homestay and must stay with parents.)

Homestay Preferences: Family with children: Yes No If yes, please tick one of the following:

Around the same age as student(s) Older than Student(s) Younger than Student(s) No Preference

Family with pets: Yes No If yes, please 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 in this Student Application Form is true and correct. I understand that submission of this application does not guarantee admission to the program or the course offered by the British 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 \$100.00 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