



# PROGRAM REGISTRATION FORM

Program Name:

**3-Week Summer ESL Camp**

Arrival Date:

**July 2nd**

Departure Date:

**July 21st**

## Student Information:

Male

Female

Current Grade:

Name:

Last

First

Middle

Preferred (Nickname)

Address:

Street

City

State

Zip Code

Country

Phone:

Email:

Skype:

Date of Birth:

Place of Birth:

Citizenship:

## Current School Information:

Name:

Contact Person:

Address:

Street

City

State

Zip Code

Phone:

Email:

## Family Information:

Parent/Guardian 1:

Last

First

Relationship

Address:

Street

City

State

Zip Code

Phone:

Email:

Place of Employment:

Occupation:

Parent/Guardian 2:

Last

First

Relationship

Address:

Street

City

State

Zip Code

Phone:

Email:

Place of Employment:

Occupation:

## English Level:

Beginner

Intermediate

Advanced

How many years have you studied English?

## About Yourself:

What are your favorite activities, hobbies, sports, etc.?

## Health:

Do you have any allergies?  Yes  No

If yes, please list them here:

Do you take any medications?  Yes  No

If yes, please list them here:

Do you have any medical, psychological, or social problems, or are you currently seeing a psychologist?  Yes  No

If yes, please list them here:

## Group Project:

In addition to general English classes, our students participate in interactive projects to expand their English vocabulary and practice speaking with others. These projects take place in the afternoon.

Please list your first and second choices:  Debate  Science and Robotics  Entrepreneurship

## Airport Pick-up:

We offer optional airport pick-up and drop-off.

Please select your option:  Students 16+/ \$45  Unaccompanied minors/ \$75  None

## Agreement and Release:

By submitting this Application, I grant the student permission to participate in the full program of classes and leisure activities and authorize Colibri Boston and program provider to take appropriate action in the event of any medical or other emergency and accept responsibility for the resultant costs. I also accept responsibility for any damage caused by the student and resultant cost for repair or replacement. I certify the above information is complete and correct. I understand that my misrepresentation may result in my child's expulsion from the program. I acknowledge that the terms and conditions appearing on Colibri Boston web site constitute part of my agreement with Colibri Boston and study abroad program host (university, college, language school, or other institution and/or organization), including sections concerning responsibility, health, refunds, changes in dates, accommodations, courses and billing of the selected options; I assume all risks and responsibilities and discharge Colibri Boston and the study abroad program host and all their officers, agents and employees from and against any and all claims of damage to personal property or personal injury which may result from my enrollment and participation in the study abroad program host courses, excursions, and/or on and off-campus activities. The Cogito World Education and Colibri Group have my permission to use my or my child's photograph publically to promote both SAT and ESL summer programs. I understand that images and videos taken during the camp may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use. I have read the terms and conditions of enrollment and agree to follow all Colibri Boston and study abroad host procedures. This Agreement will be effective when my application is accepted by Colibri Boston and shall be governed by the laws of the State of Massachusetts, USA.

Yes, I agree.

No, I do not agree.

Parent Signature:

Date:

Student Signature:

Date:

Please send this form to [info@coquitoworldeducation.org](mailto:info@coquitoworldeducation.org). Attach a **copy of your passport**.