

Please fill out all fields in the application. Save it and send it to: info@atpalcanada.com



PART A - PERSONAL INFORMATION

Given Name: _____ Last Name: _____

Gender: F M Date of birth: M ___ D ___ Y Nationality: _____

Passport Number: _____ Phone: _____ Email: _____

 _____
  _____
  _____



PART B - COURSE DETAILS

I want to enroll in: English French

My level is (to be confirmed by placement test): Beginner Intermediate Advanced

I want to participate in the camp for:

1 week 2 weeks 3 weeks 4 weeks 5 weeks 6 weeks Other _____

WINTER: March 3 March 10 March 17 March 24 March 31 April 7

SUMMER: July 7 July 14 July 21 July 28 August 11 August 21



PART C - EMERGENCY CONTACT

Given Name: _____ Last Name: _____

Phone: _____ Email: _____ Relationship: _____



PART D - MEDICAL CONDITIONS

Does your child have a medical problem? Yes No Yes, specify: _____

Does your child require a special diet? Yes No Yes, specify: _____

Does your child have any allergies? Yes No Yes, specify: _____

Does your child take any medication? Yes No Yes, specify: _____



PART E - PAYMENT INFORMATION

How do you intend to pay for your Registration fee? Bank Transfer Credit Card Other: _____

How do you intend to pay the rest of your tuition fees? Bank Transfer Credit Card Other: _____

HOW DID YOU FIND ABOUT ATPAL?

Recommendation Agency Flyer/Brochure Internet Search Ad Other: _____



Refund Policy - General Guidelines

- Camp (3 hours per day of activities)
- ESL or FSL (25 hours of class per week)
- Meals (3 meals per day + snacks)
- Airport transfers (Pick up and drop off)

Refund policy:

- \$ 150 administrative cost - Visa denial
- \$ 200 cancellation fee - with written notice more than 15 business days prior to the start date
- \$ 300 cancellation fee - with written notice less than 15 business days prior to the start date
- **THERE IS NO REFUND AFTER THE START DATE**

Pledge

ATPAL Westminster College’s reputation as one of the world’s leading institutions in the field of foreign-language training rests largely on the quality of its academic programs. In order to contribute to maintaining the highest standards of quality, all students are required to abide by basic coexistence rules and sign the following declaration:

I, student of ATPAL Westminster College, pledge that:

1. I will respect teachers, students and staff and interact harmoniously with other students of ATPAL, irrespective of culture, ethnic background and religion through my period of study at ATPAL.
2. I will strive to achieve excellent academic results through hard work and perseverance.
3. While at ATPAL, I will refrain from speaking any language other than the one(s) I am studying.
4. I will be punctual to my classes (9 am to 2:30 pm, Monday through Friday) and attend every scheduled class.
5. Should I fail to regularly attend the course (75% minimum), I am not entitled to take any tests or be issued a Certificate.

I understand that, should I fail to comply with any of the parts of this declaration I may be expelled from the course or be denied access to class. I am aware that suspended students are not entitled to any refund or course extension.

I certify that all information provided by me on this application is accurate and correct and that ATPAL will not be held responsible where medical information has been withheld or falsely given. I authorize ATPAL to take appropriate action in the event of a medical emergency and I understand that I am responsible for all medical bills incurred. I have read, understood and agree to the terms set forth in this document and in the Pledge, and Refund Policy.

I acknowledge that I have read and understood all the terms and policies in this form.

Signature of applicant: _____ Date: M ____ D ____ Y ____

Signature of parent/guardian if applicant is under 18: _____ Date: M ____ D ____ Y ____

Waiver

I hereby grant ATPAL Westminster College, associated companies and licensees, permission to photograph, record and videotape me while attending ATPAL Westminster College or activities conducted by ATPAL Westminster College. I understand ATPAL Westminster College will own the still photographs and/or video footage in which I appear, and have the unrestricted right to publish such photographs and use such video in any ATPAL Westminster College sales literature, on the ATPAL Westminster College website and in any other ATPAL Westminster College material, and shall have the right to license others to do the same. I also understand that this grant is intended to be worldwide in scope and to apply to all media now existing or hereafter developed.

Signature of applicant: _____ Date: M ____ D ____ Y ____

Signature of parent/guardian if applicant is under 18: _____ Date: M ____ D ____ Y ____

