

GENERAL INFORMATION PACKAGE – 15 week Program

LAST NAME : _____

Session : January 11th to April 23rd 2010

September 6th to December 17th 2010

FIRST NAME : _____

SEX : F M



ADDRESS : _____

PHONE :

S.I.N. :

POSTAL CODE

DATE OF BIRTH :

YEAR MONTH DAY

E-MAIL : _____

IN CASE OF EMERGENCY PLEASE CONTACT :

NAME : _____

RELATIONSHIP : _____

ADDRESS : _____

PHONE (H) :

PHONE (W) :



FAX :

CELL. : _____

E-MAIL : _____

PLEASE CHECK

I will be travelling by : bus flight no.
 plane
 car
 train

I will have my own car during the session : yes no

I smoke : Yes no

I am a vegetarian : yes no

I follow a special diet : yes no

If **YES**, please specify : _____

I want a family with animals : yes no

I have allergies : yes no



If **YES**, please specify : _____

Health problems : yes no

If **YES**, please specify : _____

Do you take any medication : yes no

If **YES**, please specify : _____

BOARDING

HOST FAMILY _____

This information will be kept confidential.

ARRIVAL (Please confirm details of your arrival as soon as you can)

Date : _____

Time : _____

What is your level in French?

- Beginner
- Intermediate
- Advanced

PAYMENT

- Registration fee \$150.00
- Tuition \$3000.00
- Master Visa

Card number : _____

Expiration date : _____

I hereby authorize the Centre Linguistique to withdraw the amount of : _____

Signature : _____