## **SUMMER 2023 APPLICATION**

**Application Date:** 



## **STUDENT/CAMPER INFORMATION**

irst Name:	Parent #1 - Name: Last Name:
ast Name:	Mobile Tel:Email:
Address:	Parent #2 - Name: Last Name:
City: Province / State:	Mobile Tel:Email:
Country: Postal Code:	Parents are: Married Divorced Common-Law Widowed
Home Tel: Student Mobile:	Student Lives with: Parent #1 Parent #2 Other:
Sirth Date (MM/DD/YY): Age at camp:	If divorced, who has legal custody? Parent #1 Parent #2 Other
Male Female Non-Binary Nationality:	Does non-custodial parent have visiting rights? Yes No
Agency (if applicable):	Emergency Contact - Name: Last Name:
Passport #: Expiry Date:	Mobile Tel: Relation to child:

**PARENT/GUARDIAN INFORMATION** 

## **2023 CITY RESIDENTIAL PROGRAMME SELECTION**

		4 week sessions:	3 week sessions:	2 week sessions:
CISS Vancouver (YVR Gateway) Arrivals: Sunday Departures: Saturday	Global English (20hrs)	July 02 - July 29 July 09 - August 05	July 02 - July 22 July 09 - July 29 July 16 - August 05	July 02 - July 15 July 09 - July 22 July 16 - July 29 July 23 - August 05
CISS Toronto (YYZ Gateway) Arrivals: Sunday Departures: Saturday	General English (20 hrs)  Global Leadership (20hrs)  *July 02 - July 22  *July 23 - August 12	July 02 - July 29 July 09 - August 05 July 16 - August 12	July 02 - July 22* July 09 - July 29 July 16 - August 05 July 23 - August 12* July 30 - August 19	July 02 - July 15 July 09 - July 22 July 16 - July 29 July 23 - August 05 July 30 - August 12 August 06 - August 1
CISS @ Trinity (YYZ Gateway) Arrivals: Sunday Departures: Saturday	General English (20 + 5 Practical hrs)  Academic & Career Prep (25hrs)  *July 02 - July 22  Entrepreneurship (25hrs)  *July 09 - July 29	July 02 - July 29 July 09 - August 05 July 16 - August 12	July 02 - July 22* July 09 - July 29* July 16 - August 05 July 23 - August 12 July 30 - August 19	July 02 - July 15 July 09 - July 22 July 16 - July 29 July 23 - August 05 July 30 - August 12 August 06 - August 1

<sup>\*\*</sup> Specialty programmes must be chosen at the time of application!

STUDENT:			_ DAIE:		
HEALTH/MEDICAL INFORMAT	TION				
ALLERGIES: Please list all allergies (fo Allergy			nd medications	s: Medication	
<b>.</b> ,		No	Yes		
		No	Yes		
		No	Yes		
		No	Yes		
*Life-Threatening allergies are allergies emergency medical care or a life-savii		mmediate harm to a stude	ent and could q	uickly result in death if n	ot treated with
If allergy is life-threatening					
<ol> <li>Does the student carry an Epi-Pen or</li> <li>Is the student aware of how to use it</li> </ol>	•	Yes n/herself? No Ye	2S**		
<b>MEDICATION:</b> Please list any medicat	ion(s) that the student sho	uld <u>NOT</u> take?			
For mild headaches or mild pain, stud		taminophen (Tylenol)	Ibuprofen (/	Advil) Other:	
Does the student take medication on	a regular basis? If yes, pleas	se list:			
- Will the student be bringin	g this medication to Canad	la? No Yes³	;		
- Does this medication requi	•	Yes** ts and instructions are prop	erly labelled <u>in i</u>	English.	
** CISS staff <u>cannot</u> administer needle in Students who require injections must a	iections to students except in rrive at programme prepared t	the event of a life-threaten to administer the injections	ing situation (i.e themselves, und	. Epi-Pen). er the supervision of prog	ramme staff.
Please list any major illnesses or surge	ries the student has had in	the past 5 years.			
<b>DIETARY:</b> Is the student Vege	tarian Vegan G	luten-Free Lactose-F	ree Othe	r:	
IMMUNIZATIONS: Please list the date COVID-19 (Corona Virus): Varicella (Chicken Pox):  * Students must be fully immunized for COMMERCE CONTROLLE C	Has the student h	nad COVID-19? Ye		ite of last infection: tanus:	
Overall, the student's general health i	s: Excellent Goo	od Poor (please ex	rplain):		
Has the student suffered from, or is th Deficit Disorder (ADD), Anorexia?	e student being treated for No Yes (please expl	-		ng, but not limited to, A	• •
Has the student experienced emotion  No Yes (please explain):	al trauma that may affect h	nis/her behaviour while a	t our CISS prog	ramme (ie. recent deatl	n in family, divorce, accident)?
Student wears <b>Prescription glasses/</b>	contacts: Yes No	Dental braces: Ye	es No <b>F</b>	learing Aid: Yes	No
Student is Diabetic	Epileptic Can tl	he student swim? Ye	es No		
Student has issues with:	Nightmares Bed-w	vetting Homesickne	ess Sleep	owalking	
Please list any activities in which the s	tudent should <u>NOT</u> particip	oate in:			
	, about your shild?				
Is there anything else we should know	about your child?				
ROOMING: My child would like to sha	re a room with - Choice #1	:	Cho	ice #2:	
*Requests will be considered but cannot be gua	ranteed.				
Additional Notes:					

STUDENT:	DATE:
PROGRAMME POLICIES	
at minimal cost and presented upon arrival at camp (CISS Toront programme site and costs are determined and may vary depend 2. If a student requires a Visa, a Notarized Custodianship Fee of \$12	
<ul> <li>TRANSFER NOTES</li> <li>1. Airport arrival and departure transfers between the gateway airport scheduled dates. Students travelling on non-scheduled arrival or 2. If a student is travelling as an Unaccompanied Minor (UM), a one 3. Late Arrival/ Early Departure Fees apply to all students with flight</li> </ul>	e-time fee of \$125 CAD per student will apply.
personal belongings, including clothing collected for laundry. Stu 2. The camper and his/her parents/guardian understand that all rule of the programme may result in dismissal. There will be no refun 3. CISS MLI and its staff take photographs and video content during to: website, programme brochures, advertisements and for use b testimonials used on our website, social media or in brochures, cowish for your child to not be photographed, please let your agen	es of the programme must be followed. Failure to abide by the rules and policies ds paid if the participant is dismissed. If the camp sessions to be used for promotional purposes including, but not limited y CISS MLI agents to promote this programme internationally. Except in cases of amper names are not typically used in connection with the photograph(s). If you
	t been exposed to any infectious disease in the past four weeks. In case of a nsultation, I hereby give permission to the physician selected by the Camp Director anesthetics or surgery for my child as named above.
CISS MLI shall be governed by and construed in accordance with the that the treatment will be performed in the Province in which the poperates shall have jurisdiction to entertain any complaint, demand negligence arising out of the treatment. I hereby agree that if I con	Il disputes arising therefrom between myself and health services provided through the laws of the Province in which the programme operates. I hereby acknowledge programme operates and that the courts of the Province in which the programme d, claim or cause of action whether based on alleged breach of contract or alleged namence any such legal proceedings they will be only in the Province in which the programme operates.
I hereby waive, release and absolve and agree to indemnify and sav liability arising from my child's participation in their programme, ex	re harmless CISS MLI and their respective officers, employees and agents from all copt such as results solely from its or their willful neglect or willful default.
Medication carried by students will not be administered if contents daily injections must arrive at camp prepared to administer the injections are not permitted to administer injections except in the experiments.	and instructions are not properly labelled in English. Students who require ections themselves, under the supervision of CISS MLI staff. CISS MLI health care event of an emergency (i.e. Epi-Pen).
It is the responsibility of the parent/quardian to inform CISS MILL if t	here are any changes in the child's medical condition after this form has been

I confirm that my child is fully immunized for COVID-19. I also confirm that my child is capable of participating safely in the full programme and all activities unless I otherwise advise CISS MLI in writing. I acknowledge that such participation involves risks and hazards incidental thereto all of which are assumed by me. I agree to be responsible for any extra expenses incurred by my child or by CISS MLI on behalf of my child.

I have read, understand and accept the conditions and policies on this form.		
Parent/Guardian Signature:	Date:	