



Toronto, Canada



UMC 썸머캠프 2024



액티비티 미리보기

| 2박 3일 캐나다여행 | Full-Day 액티비티 | 오후 액티비티 | |
|---|--|--|--|
| French Canada (Ottawa, Montreal & Quebec) | ◆ Toronto Island ◆ Niagara Falls ◆ Canada's Wonderland(놀이공원) | CN Tower Ripley's Aquarium St. Lawrence Market The Art Gallery of Ontario University of Toronto Nathan Phillips Square UMC Day (Sport/Art/Game) Toronto Blue Jays Game Trampoline Park | |

일정표

| | | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|---|---------------|--------------------------|---------|-----------|----------|--------|------------------|
| | 09:00 - 12:15 | Teenager ESL Program | | | | | |
| 1 | 12:15 - 13:00 | 5 - 13:00 Lunch Break | | | | | Full-Day 액티비티 |
| | 13:00 - 17:00 | - 17:00 Daily Activities | | | | | |
| _ | 18.00 | · 호스테이 긔가 | | | | | |

*사정에 따라 일정이 변동될 수 있습니다.

학생비용 (숙박 자체 예약, 학교 등하교 필요, 보험 불포함)

| Self Homestay Arrange and | 주수 | 2주 | 3주 | 4주 |
|------------------------------|----|---------|---------|---------|
| Self Pick up service | 금액 | \$3,500 | \$3,950 | \$4,500 |

- 1. Period: July 2 August 10, 2024 (Total 6 weeks)
- Starting Dates : July 2,8,15,22,29, 2024 : 2weeks / 3weeks / 4weeks available (Only 2 weeks available for July 29 starting)
- 3. Age : 12-17 years old

ACTIVITY CALENDAR



APPLICATION FORM

APPLICATION CHECKLIST:

- Application Form (등록 신청서)
- Homestay Application (홈스테이 신청서)
- Application Fee CAD \$350 (non-refundable) (등록비 CAD \$350 환불 불가)
- A Copy of Student's Passport (학생여권 복사본)

UMC Toronto Campus

150 Eglinton Ave. ETEL: +1 (416) 546-72507th Floor, ON M4P 1E8Email: studentrecords.toronto@umcollege.net

STUDENT INFORMATION (PLEASE PRINT CLEARLY)

| Last Name | First Name | Middle Name | Nationality |
|------------------------|----------------------------|--------------------------------|---------------------------------|
| | | | |
| Gender | Date of Birth (mm/dd/yyyy) | Phone Number | Email Address |
| Male Female Other | | | |
| Address | | City/Province, Country | Postal Code |
| | | | |
| Emergency Contact Name | Relationship to Student | Emergency Contact Phone Number | Emergency Contact Email Address |
| | | | |

PARENTS INFORMATION (PLEASE PRINT CLEARLY)

| | PARENT/GUARDIAN 1 | Relationship | PARENT/GUARDIAN 2 | Relationship | |
|--------------|-------------------|--------------|-------------------|--------------|--|
| Full name | | | | | |
| Home Address | | | | | |
| Phone Number | | | | | |
| | EODMOTION | | | | |

MEDICAL INFORMATION

Does your child have any medical or behavioral conditions that we should be aware of?

🗌 NO 🗌 YES

If yes, please take a moment to explain (include any allergies including to any medication) :

MEDICAL EMERGENCIES

In the event of an accident, injury or illness involving the registrant, and immediate contact by the UMC with a designated contact cannot be made, I hereby authorize and grant permission to UMC staff to secure proper medical treatment and authorize on the registrant's behalf all procedures, including, without limitation, admission to an emergency unit, hospital and treatment therein, ordering of x-rays, tests or treatment, injections, anesthesia and/or surgery, as deemed necessary by the attending medical professional(s). I agree not to hold the UMC responsible for any costs or injury arising out of an emergency situation.

Signature of Student

Date (mm/dd/yyyy)

Signature of Parent

Date (mm/dd/yyyy)

PHOTO/VIDEO CONSENT AND RELEASE FORM

By signing below I declare that I understand and accept that UMC may take photographs and/or video recordings of UMC based activities or events which may include images of myself and which may be used by UMC for its own informational, promotional or advertising purposes in digital and/or print media or by Authorized Third Parties in accordance with arrangements agreed upon by UMC and the Third Party.

Signature of Student

Date (mm/dd/yyyy)

Signature of Parent

Date (mm/dd/yyyy)

PROGRAM INFORMATION

| DURATION (No. of Weeks) | | START DATE (mm/dd/yyyy) | |
|---|-------------------------|--------------------------------|-----------------------|
| PROGRAM OPTIONS | FULL SUMMER CAMP | ONLY ACTIVITIES | SELF HOMESTAY ARRANGE |
| ESL Classes | * | - | * |
| Camp Certificate | * | * | * |
| Daily Excursions Including Full Day Trips | * | * | * |
| Homestay (3 meals a day) | * | * | • |
| Airport Transfers (Pick up & Drop off) | * | * | • |
| Health Insurance | * | * | * |
| Presto Card (TTC Trsnaportation) | * | * | * |
| Custodianship Letter | * | * | * |
| French Canada Trip | * | * | * |
| EXTRA SERVICE | Start Date (mm/dd/yyyy) | End Date (mm/dd/yyyy) | No. of Days |
| Homestay | | | |
| Insurance | | | |
| TERMS AND CONDITIO | NS | | |

In the event of accident, injury or illness involving the registrant and when immediate contact cannot be made by UMC with a designated Emergency Contact, I hereby authorize UMC staff to secure medical treatment for the registrant and grant permission to UMC staff to authorize on behalf of the registrant any procedure or medical action including calling an ambulance, admission to an emergency unit, hospital treatment, surgery, administering of anesthesia, x-rays, injections or any other treatment, without limit, deemed necessary by a medical professional. I agree not to hold UMC responsible for any costs or injury arising out of an emergency situation.

CONFIRMATION, PAYMENT, CANCELLATIONS AND REFUNDS

Full payment should be made by May 1st, 2024. If full payment is not received prior to the program start date, the UMC reserves the right to cancel the registration without notice, and cancellation charges will be applied. Requests for cancellations must be made in writing and submitted to the UMC at admin@umcollege.ca. Cancellation requests received at least before May 1st, 2024 the start of camp will receive a refund minus an administration fee of CAD\$350. Cancellation requests received after May 1st, 2024 notice are subject to an administration fee of 50% of the total fee. Cancellation requests that are received after June 1st, 2024 will not qualify for a refund. A doctor's note is required for cancellations due to medical reasons. Refunds are not granted for inclement weather. I have read and understand the Cancellation and Refund Statement. In the case of Visa refusal or Denial of study permit, UMC will retain non-refundable Application Fee \$350.

Signature of Student

Date (mm/dd/yyyy)

Signature of Parent

Date (mm/dd/yyyy)

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APPLICATION DECLARATION

Please read the following before signing:

- 1. I declare that the information I have provided is complete and correct.
- 2. I agree to abide by the rules and regulations determined by UMC.

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- 3. I understand that acceptance of this application in no way guarantees admission to the selected program and that admission to the program is contingent on availability.
- 4. I understand and agree that UMC reserves the right to modify or cancel any program without notice or prejudice.

Signature of Student or Parents if Student is under 18

AGENCY

Date (mm/dd/yyyy)

UMC Toronto

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