# **Q** JUNIOR PROGRAMS APPLICATION FORM

PERSONAL INFO	RMATION	Exactly as it appears on your passport:			
Name	□ Mr				
INAILIE	□ Ms Last	First	Middle		
Address (Permanent)	Street		City Country		
Telephone		Fax			
Email Address		Country of Citizenship			
Date of Birth	Month: Day: Year: (e.g. January 20, 2005)	City of Birth	Country of Birth		

## PARENT/GUARDIAN INFORMATION

Name		Relationship		
Address (Permanent)	Street		City Country	
Telephone		Email Address		

How did you hear about CISL?	☐ Website	□ Agency	☐ Friend/Relative	Previous Student
Other:				

## **PROGRAM SELECTION**

Number of Weeks	🗆 I week	2 weeks	☐ 3 weeks	4 weeks	🗆 5 v	veeks	6 weeks	2+trip	
Start Date	Month:	Day:	Year:	End Date		Month:	Day:	Year:	
Junior Summer Prog	grams					Nc	te: Please visit our w	ebsite for program dates	
San Francisco: UC Berkeley Cam Los Angeles: PU Campus PU Campus + Calife Junior Homestay Pro	ornia Trip	iero	San Diego: USD Cam USD Cam	pus pus + California Trip			New York Ci	town Campus	
☐ January			March			,	April		
Virtual Programs	☐ Bloc	k A: 14.00 - 16.30	UTC [	Block B: 00.00 - 2	ock B: 00.00 - 2.30 UTC			0 - 9.30 UTC	
ENGLISH LEVEL			[	High Intermediate			Advanced		

ARRIVAL & DE		IFORMATIO	<b>N</b> *		
Reservati	on Number (	please provide if	available):		
Arrival	Month:	Day:	Year:	Time:	Airline:       Flight No./Res. Code
	CISL Transfe	r Service Requ	iested: 🛛 yes	□no	CISL UNMS Service Requested?:  yes  no
D	Month:	Day:	Year:	Time:	Airline: Flight No.
Departure	CISL Transfe	er Service Req	uested: 🛛 yes	∟ ∏no	CISL UNMS Service Requested?:yesno
* To ensure a safe an requesting an Unacco			r student, <b>please p</b>	rovide a c	opy of their airline ticket. Additional fees will be applied for a residential student
ACCOMMOD	ATION				
□ Homestay		Jniversity	Numb	er of Wee	sks:
Arrival Date: Mo					Departure Date: Month:Day:Year
Do you have any	allergies or i	medical condit	ions?** □Yes	□ No	(If yes, explain:)
What are your h Do you like pets Notes:	? 🗌 Yes 🗌	No Do y	ou like children?	[	]Yes □ No
I affirm that I w	ill pay CISL th	ne amount of S	§	_ by the f	ollowing method:
Payment Method	🗌 Bank V	Vire Transfer			Credit Card (3% - 4% fee applies)
NOTE:A \$150 refu insure nothing is lo	•	deposit is require	ed upon arrival to t	he campus; c	deposit is returned after check-out is completed by CISL and University Staff to
Agreement: This ag School. I have read, unc policy, schedule, prices, costs of the program of for my child to be exar- child during the duration Any questions or conc- resolved by the school Customs Enforcement <b>Photo Release:</b> Stu- for publicity purposes. <b>Please sign and</b> via email, fax or <b>CISL San Diego</b> 636 Broadway, Suit San Diego, Californ Ph. +1 619 571 311 Fax. + 1 619 239 3	derstood, and agree and starting dates luring my child's en mined or treated a on of the program. erns regarding ent (ICE) (www.ice.go (ICE) (www.ice.go dents agree to allo return to C post. e 210 hia 92101	e to the terms and c I confirm that I have trire stay at CISL In o s necessary. I agree t ering the United Sta to my local consulat by). w photos and video	onditions, the refund a e sufficient funds to pay case of illness or injury, o provide medical insu tes that have not been e or Embassy, or U.S. In taken during the prog	nd cancellation v all the necess I grant permis rance to cover answered or mmigration an ram to be user	Applicant Signature (Required to process application) The Signature Option: By checking the box and typing my name above, I confirm that all the information provided in this application is accurate, and that I have read and agree to the terms and conditions listed within this form. By checking the process of against the information provided in this application is accurate, and that I have read and agree to the terms and conditions listed within this form.



#### **Registration Requirements**

In order to enroll in a junior program we need to receive a completed junior program application and a deposit which will be applied to the overall cost of the program. The deposit amount is determined by the date of enrollment

(see deposit requirement below).

## Release Forms/Student & Parent Agreement

Release forms and other applicable waiver documents must be completed and sent at the time of enrollment. Please contact the Junior Programs Department (juniorprograms@cisl.edu) for a list of the documents applicable to your program.

## **Program Fees**

No documentation will be issued until we receive the program deposit. Students will not be permitted to start the program unless full payment has been received. Full payment will need to be paid 30 days prior to arrival date.

#### Deposit/Payment

90 days or more prior to the student's arrival: 25% deposit required

61-89 days prior to the student's arrival: 50% deposit required

31-60 days prior to the student's arrival: 75% deposit required

0-30 days prior to the student's arrival: 100% payment required

#### Cancellations & Refunds

The parent/guardian/representative must inform CISL in writing of the student's cancellation. Cancellation fees are charged as follows:

90 days or more prior to the student's arrival: full refund of deposit paid, minus \$300

61-89 days prior to the student's arrival: 75% refund of deposit paid, minus \$300

31-60 days prior to the student's arrival: 50% refund of deposit paid, minus \$300

0-30 days prior to the student's arrival: no refund

#### Payment of Refunds

Refunds will be paid within 30 calendar days of the request. We can only pay refunds to the person or company from whom the funds originated.

#### Changes to Enrollments

We reserve the right to charge an administration fee of \$100 each time program details are changed after confirmation documents have been issued.

