



# British Columbia Christian Academy

## **INTEGRATED ESL WINTER PROGRAM STUDENT APPLICATION**

**JANUARY 2014**



### ***MISSION STATEMENT***

To assist the family by providing a Christ-centered, Bible-based education that inspires each student to pursue excellence in moral character, academics and service to others.



# British Columbia Christian Academy

## WINTER PROGRAM — STUDENT APPLICATION

Date of Application: \_\_\_\_\_  
Year / Month / Day

### PERSONAL DATA

PLEASE PRINT CLEARLY IN ENGLISH

2 NAME: FIRST MIDDLE LAST			1 BCCA STUDENT NO.: (For previously enrolled students)
4 DATE OF BIRTH: Year Month Day			3 ENGLISH NAME:
5 AGE:		6 GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
7 CITIZENSHIP:	8 COUNTRY OF RESIDENCE:	9 EMAIL ADDRESS: @	

### INTEGRATED ESL PROGRAM APPLICATION and FEE:

10 SEMESTER: <input type="checkbox"/> 1. January 06 to <input type="checkbox"/> 2. _____ to _____ (please enter from/to dates requested)	11 INTENSIVE INTEGRATED PROGRAM: <input type="checkbox"/> BASIC 9:00am–3pm \$425.00 per week (Non-Tour)	12 OPTIONAL PROGRAM ADD-ONS: <input type="checkbox"/> FULL SATURDAY \$100.00 per Saturday Date(s) requested: <input type="checkbox"/> EXCURSION TOUR \$150.00 per Tour (Victoria or Whistler)
13 APPLICATION FEE (non –refundable): \$100.00	14 PROGRAM FEES (11 + 12) \$	15 HOMESTAY FEE: Nights X \$35.00 = \$ .00
16 HOMESTAY PLACEMENT FEE: \$150.00	17 MEDICAL INSURANCE: + \$2.00 per day= \$ .00	18 TRANSPORTATION FEE \$60.00 one way <input type="checkbox"/> One Way <input type="checkbox"/> Two Ways = \$ .00
TOTAL FEES PAYABLE: 13+14+15+16+17+18 \$	PAYMENT RECEIVED: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque No. <input type="checkbox"/> Other	DATE:

### STUDENT MEDICAL INFORMATION

Does this student have any food / drug allergies? If so please list:
Does this student have any medical condition that the school should be aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please give additional information:
Father's Name: _____ Mother's Name: _____ Address in Home Country: _____
Home Phone Number: _____ Business Phone Number: _____ Fax: _____ Email: _____
Does this student currently have Medical Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please give Care Card No. or Private Medical Insurance Policy No. <b>Note: <u>All</u> students attending BCCA <u>must</u> have medical coverage!</b>

## LEGAL GUARDIAN OR CONTACT PERSON IN VANCOUVER AREA

NAME:		
Relationship to the Family:		
Address student will be staying at while in Canada:		
Home Phone:	Work Phone:	Cell Phone:
Fax Number:	E-mail Address:	@
AGENT'S NAME:		<b>OR</b> <input type="checkbox"/> Same as above
NAME OF COMPANY:		Phone Number:
Cell Phone:	Fax Number:	E-mail Address:

## STUDENT TRAVEL AND HOMESTAY REQUIREMENTS

Does this student need Airport Service? <input type="checkbox"/> Yes <input type="checkbox"/> No
If student needs homestay placement, please fill out the following, as well as the Student Homestay Application: Arrival Flight / Date: _____ / _____ Time: _____ Departure Flight / Date: _____ / _____ Time: _____ Mother Tongue: _____ Level of English: <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate Traveling with another student or group? Name(s): _____
Does this student need Homestay Placement? <input type="checkbox"/> Yes <input type="checkbox"/> No      Have you ever homestayd before? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>(Please note that children in School Grades K - 3 are not eligible for Homestay and must stay with parents.)</b>
<b>Homestay Preferences:</b> Family with children: <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, please tick one of the following: <input type="checkbox"/> Around the same age as student(s) <input type="checkbox"/> Older than Student(s) <input type="checkbox"/> Younger than Student(s) <input type="checkbox"/> No Preference
Family with pets: <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, please tick one of the following: <input type="checkbox"/> Any <input type="checkbox"/> Please Specify _____
Is there any food you cannot eat? Please Specify _____
What are your hobbies and interests? _____

## SIGNATURE OF STUDENT

I hereby certify that the information I have provided in this Student Application Form is true and correct. I understand that submission of this application does not guarantee admission to the program or the course offered by the British Columbia Christian Academy.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Parent/Guardian for students under age 19 years

\_\_\_\_\_  
Print Name of Applicant

\_\_\_\_\_  
Print Name of Parent/Guardian

Date: \_\_\_\_\_

## IMPORTANT ADDITIONAL INFORMATION

All students who wish to enroll **MUST** complete the application form **completely** before submitting it to the office.

### THE APPLICATION FORM MUST BE ACCOMPANIED BY:

- One passport photo.
- Photocopy of the student's birth certificate or passport to prove age
- A non-refundable \$100.00 Application Fee
- B.C.C.A. Student Number (For former B.C.C.A. students)

### IMPORTANT:

- Please note, B.C.C.A. reserves the right to refuse admission on the basis of academic or behavior history, or class size requirements and limitations.
- Tuition must accompany the completed application.
- Tuition is due in the form of a cheque, or money order payable to British Columbia Christian Academy, in Canadian funds, or Wire Transfers. (For International Students, the cheque must be verified.)
- Students may attend summer school on a Visitor Visa. A student visa is not necessary for a program of this duration.

### FOREIGN VISAS:

If students wish to travel to the United States, they need to contact the United States consulate in their home country before coming to Canada.

### ACCOMMODATION:

British Columbia Christian Academy can arrange homestays for students in Grades 4 - 12 if desired. The Homestay family is carefully reviewed by the school. All applicable fees are as specified above (ESL SUMMER PROGRAM APPLICATION and FEE).

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## RELEASE FORM

In consideration of the acceptance of this application for registration, I, intending to be legally bound, hereby for myself, my heirs, executors and administrators waive and release any and all rights and claims for damages I may have against B.C. Christian Academy and/or its representatives and/or assignees, for any and all damages which may be sustained and suffered by me or my child (of whom I am parent/guardian) in connection with my or my child's association with or registration in this program of study or any activities associated with such program, or which may arise out of my or my child's travelling to, participating in, or returning to/from said program or activities associated with it.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Parent/Guardian for students under age 19 years

\_\_\_\_\_  
Print Name of Applicant

\_\_\_\_\_  
Print Name of Parent/Guardian

Date: \_\_\_\_\_



# British Columbia Christian Academy

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