



## 2025 INTERNATIONAL YOUTH PROGRAM **SUMMER CAMP** REGISTRATION FORM

### PART 1 – STUDENT PERSONAL INFORMATION

First Name:	_____	Last Name:	_____
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Citizenship:	_____
Date of Birth (dd/mm/yyyy):	_____	Age:	_____
Home Address:	_____		
City:	_____	Province/State:	_____
Postal Code:	_____	Country:	_____
Phone:	_____	Email:	_____

Emergency Contact (family or friend only – not agent contact):

First Name:	_____	Last Name:	_____
Contact Number:	_____	Email:	_____

### PART 2 – PROGRAM SELECTION

Programs	Available Intakes	With Parent(s)
<b>2 weeks Toronto Summer Camp</b> (General English courses and UofT residence)	<input type="checkbox"/> June 15 – June 29 <input type="checkbox"/> June 22 – July 6 <input type="checkbox"/> July 6 – July 20 <input type="checkbox"/> July 20 – August 3 <input type="checkbox"/> August 3 – August 17 ( <i>limited space, no registration after April 1 accepted</i> )	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>2 weeks Toronto Summer Camp with UofT GEC program</b> (UofT residence)	<input type="checkbox"/> July 6 – July 20 <input type="checkbox"/> July 13 – July 27	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>2 weeks Toronto Summer Camp – Canadian Culture and Community</b> (UofT residence) <b>* 13+ years old AND intermediate English Level</b>	<input type="checkbox"/> July 6 – July 20 <input type="checkbox"/> July 13 – July 27	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>2 weeks Toronto Summer Camp – Global Business Course</b> (UofT residence) <b>* 13+ years old AND intermediate English Level</b>	<input type="checkbox"/> July 6 – July 20 <input type="checkbox"/> July 13 – July 27	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>3 weeks Toronto Summer Camp</b> (General English courses and UofT residence)	<input type="checkbox"/> June 15 – July 6 <input type="checkbox"/> June 22 – July 13 <input type="checkbox"/> July 6 – July 27 <input type="checkbox"/> July 20 – August 10	Yes <input type="checkbox"/> No <input type="checkbox"/>



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	<input type="checkbox"/> July 27 – August 17 (limited space, no registration after April 1 accepted)	
<b>4 weeks Toronto Summer Camp</b> (General English courses and UofT residence)	<input type="checkbox"/> June 15 – July 13 <input type="checkbox"/> June 22 – July 20 <input type="checkbox"/> July 6 – August 3 <input type="checkbox"/> July 20 – August 17 (limited space, no registration after April 1 accepted)	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>2 weeks Ottawa Summer Camp</b> (uOttawa residence, STEM courses with uOttawa certificate)	<input type="checkbox"/> August 3 – August 17	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>2 weeks Toronto &amp; Ottawa Summer Camp</b> (university residence; 1 week in Toronto and 1 week in Ottawa)	<input type="checkbox"/> August 3 – August 17	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>3 weeks Toronto &amp; Ottawa Summer Camp</b> (university residence; 2 weeks in Toronto and 1 week in Ottawa)	<input type="checkbox"/> July 27 – August 17	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>4 weeks Toronto &amp; Ottawa Summer Camp</b> (university residence; 2 weeks in Toronto and 2 weeks in Ottawa)	<input type="checkbox"/> July 20 – August 17	Yes <input type="checkbox"/> No <input type="checkbox"/>

## PART 3 – ACCOMMODATION (IF NEED EXTRA DAYS/WEEKS OF STAY)

Total Days of Stay: \_\_\_\_\_

Starting Date (dd/mm/yyyy): \_\_\_\_\_

End Date (dd/mm/yyyy): \_\_\_\_\_

*This information can be provided later once your visa is approved and/or flight is booked, but at least two weeks prior to the program intake date you selected. We charge \$300 per person per day for extra days of stay in Toronto, and \$350 per person per day for extra days of stay in Ottawa.*

## PART 4 – MEDICAL INFORMATION

Do you have any allergies?

Yes ☐ No ☐

List of allergies: \_\_\_\_\_

Do you have any medical conditions or physical disabilities?

Yes ☐ No ☐

List of medical conditions or physical disability: \_\_\_\_\_

Do you have any dietary restrictions?

Yes ☐ No ☐

List of dietary restrictions: \_\_\_\_\_



**PART 5 – AGENT INFORMATION (IF APPLICABLE)**

Fill only if you work for an agent and are registering a student:

Agency Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email: \_\_\_\_\_

**PART 6 – PARENT/GUARDIAN CONSENT**

I, hereby certify that the above information is true and complete. I understand that any false or incomplete information submitted in support of my child's registration may invalidate their registration. I have read and understand all of the International Youth Program policies & procedures, including the Refund and Cancellation Refund Policy.

Parent/Guardian Name (Print): \_\_\_\_\_

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