



# ESL SUMMER CAMP, TORONTO

## AUGUST 1 TO AUGUST 30, 2017

**STUDENT INFORMATION:**

Legal Surname: \_\_\_\_\_ Legal First Name: \_\_\_\_\_

Anglicized Name: \_\_\_\_\_

Date of Birth: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ Gender:  Male  Female

Student's mobile: \_\_\_\_\_ Student's Email: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ First Language: \_\_\_\_\_

(If already studying in Canada) Date of Entrance to Canada: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Home Address outside of Canada: House/Apt # \_\_\_\_\_ Street: \_\_\_\_\_

City: \_\_\_\_\_ Province\State: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Mother's Mobile: \_\_\_\_\_ Father's Mobile: \_\_\_\_\_

Mother's Email: \_\_\_\_\_ Father's Email: \_\_\_\_\_

Present School: \_\_\_\_\_

Address of School: \_\_\_\_\_ Present Grade: \_\_\_\_\_

**CANADIAN RESIDENCE INFORMATION:**

**\*\*Since Homestay placement is part of our Summer Camp you must fill out the HOMESTAY APPLICATION \*\***

If you have made other living arrangements while in Toronto we need to know with whom you are living: (Please Circle)  
Mother and Father / Mother / Father / Other Family Member / Family Friend / Guardian / Self /

Address while in Toronto: Street: \_\_\_\_\_ Apt/Suite #: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

**NOTE:** When returning this application all of the following **must be included**:

**All** of the attached forms must be fully completed and signed.

1. Bank draft for fees.
2. Official copy of Student Transcript and most recent school report (must both be officially translated if not in English)
3. Copy of student's Passport.
4. When Student Arrives He/She must provide copy of Visa

**I/We agree to adhere to the rules of Metropolitan Preparatory Academy and to pay all Summer ESL Program fees and incidental expenses. I/We understand that if the student withdraws or is expelled from the Summer ESL Program, there be will no refund of fees.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother's/Guardian's Signature

\_\_\_\_\_  
Father's/Guardian's Signature



# 2017 AUGUST ESL PROGRAM FEE

**\$3,680.00 CAD**

**(THIS INCLUDES: HOMESTAY, MEDICAL INSURANCE, TEXT-BOOKS AND ACTIVITIES LISTED ON OUR ESL SUMMER CALENDAR)**

I/WE AGREE TO PAY ALL FEES, DEPOSITS, DUES, ACCOUNTS, AND OTHER INDEBTEDNESS INCURRED BY THE STUDENT OR ON THE STUDENT'S BEHALF WHILE ENROLLED AT METROPOLITAN PREPARATORY ACADEMY. I UNDERSTAND THAT MY OBLIGATION TO PAY THE TUITION FEES FOR THE SUMMER PROGRAM IS UNCONDITIONAL. FURTHER, NO PORTION OF SUCH FEES SO PAID OR OUTSTANDING WILL BE REFUNDED OR CANCELLED IN THE EVENT OF ABSENCE, WITHDRAWAL OR DISMISSAL OF THE ABOVE STUDENT FROM THE SCHOOL EXCEPT AS FOLLOWS:

A) IF A STUDENT IS REFUSED ENTRANCE TO CANADA BY IMMIGRATION, A COMPLETE REFUND WILL BE ISSUED LESS A \$500.00 ADMINISTRATION FEE.

\_\_\_\_\_  
STUDENT'S NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
MOTHER'S/GUARDIAN'S SIGNATURE

\_\_\_\_\_  
FATHER'S/GUARDIAN'S SIGNATURE

## BANK TRANSFER INFORMATION

BANK BRANCH: CANADIAN IMPERIAL BANK OF COMMERCE  
1 QUEEN STREET EAST  
TORONTO, ONTARIO  
M5C 2W5

PHONE: 416-980-3085

BENEFICIARY: METROPOLITAN PREPARATORY ACADEMY  
BRANCH NUMBER: 00902 INSTITUTION NUMBER: 010 ACCOUNT NUMBER: 5824613  
SWIFT CODE: CIBCCATT

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# INTERNATIONAL STUDENT MEDICAL PROFILE

STUDENT'S NAME: \_\_\_\_\_

DATE OF BIRTH: DAY \_\_\_\_ MONTH \_\_\_\_ YEAR \_\_\_\_

GENDER:  MALE  FEMALE

## MEDICAL HISTORY

PLEASE CHECK EACH OF THE FOLLOWING, IF YOUR CHILD HAS OR HAS HAD:

	<u>YES</u>	<u>NO</u>
EPILEPSY .....	<input type="checkbox"/>	<input type="checkbox"/>
DIABETES .....	<input type="checkbox"/>	<input type="checkbox"/>
HEART TROUBLE .....	<input type="checkbox"/>	<input type="checkbox"/>
ASTHMA.....	<input type="checkbox"/>	<input type="checkbox"/>

ANY OTHER MEDICAL CONDITION WE SHOULD BE AWARE OF:

\_\_\_\_\_  
\_\_\_\_\_

ALLERGIES, IF YES, PLEASE INDICATE TYPE IN SPACE BELOW: .....

\_\_\_\_\_  
\_\_\_\_\_

IF ALLERGIC TO FOODS OR INSECT BITES, DOES YOUR CHILD CARRY AN EPIPEN?

ULCER OR STOMACH PROBLEMS .....

BACK INJURY .....

KIDNEY DISEASE .....

HAS YOUR CHILD EVER BEEN UNDER PSYCHIATRIC CARE OR TREATED FOR A NERVOUS DISORDER? .....

DOES YOUR CHILD TAKE A PRESCRIPTION MEDICATION ON A DAILY BASIS? .....

IF YES GIVE DETAILS? .....

IMMUNIZATIONS ARE UP-TO-DATE .....

(Please note at age sixteen, students must verify that they have had a booster shot for tetanus, diphtheria and pertussis)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT'S/GUARDIAN'S SIGNATURE



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## AUGUST ESL PROGRAM HOMESTAY PROFILE

PAGE 1 OF 3

**OUR HOME STAY PROGRAM INCLUDES \*\*PRIVATE ROOM \*\* 3 MEALS A DAY\*\* LAUNDRY FACILITIES\*\* UNLIMITED INTERNET\*\***

**PLEASE NOTE THAT HOME STAY PLACEMENT IS FOR ONE MONTH- AUGUST 1 TO AUGUST 31. PLEASE NOTE THAT SPACE IS LIMITED AND THEREFORE APPLICATIONS MUST BE RECEIVED BEFORE JULY 1, 2017.**

### STUDENT INFORMATION (FOR APPLICANT, PARENTS OF APPLICANT, AND/OR AGENT TO COMPLETE)

#### GENERAL INFORMATION:

HOMESTAY APPLICANT NAME: \_\_\_\_\_ GENDER:  MALE  FEMALE  
E-MAIL ADDRESS: \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_  
HOME COUNTRY: \_\_\_\_\_ DATE OF BIRTH: (MM/DD/YYYY) \_\_\_\_\_  
IN WHAT GRADE ARE YOU CURRENTLY ENROLLED? \_\_\_\_\_ LEVEL OF ENGLISH:  FAIR  GOOD  EXCELLENT  
PLEASE LIST YOUR FAVOURITE SUBJECTS AT SCHOOL: \_\_\_\_\_

WHAT LANGUAGES DO YOU: SPEAK? \_\_\_\_\_  
READ/WRITE? \_\_\_\_\_

EXPECTED DATE OF ARRIVAL: (If exact date is unknown, please estimate date) \_\_\_\_\_

PLEASE NOTE THAT MOST MOVE-IN DATES BEGIN AT THE 1<sup>ST</sup> OF THE MONTH.

#### AGENT/PARENT/GUARDIAN INFORMATION:

NAME OF AGENT: \_\_\_\_\_ AGENT PHONE NUMBER: \_\_\_\_\_

AGENT E-MAIL ADDRESS: \_\_\_\_\_

PARENT/GUARDIAN NAME(S): \_\_\_\_\_

CELL PHONE # OF PARENT/GUARDIAN(S): \_\_\_\_\_

E-MAIL OF PARENT/GUARDIAN(S): \_\_\_\_\_

ARE PARENTS EXPECTING COMMUNICATION WITH THE HOME STAY PARENTS?  YES  NO (If yes, directly with  home stay family or  through the agent?):

LEVEL OF ENGLISH OF PARENTS:  FAIR  GOOD  EXCELLENT

#### HOBBIES/INTERESTS/EXPERIENCES:

Please check all words that apply

- Art Galleries  Dancing  Movies  Reading  Social Media
- Biking  Fishing  Music  Running/Jogging  Video Games
- Board Games  Exercise/Fitness  Painting  Shopping  Yoga
- Camping  Hiking  Photography  Other: \_\_\_\_\_

WHAT TYPE OF MUSIC DO YOU LIKE? \_\_\_\_\_

DO YOU PLAY A MUSICAL INSTRUMENT?  YES  NO (If yes, please list): \_\_\_\_\_

DO YOU PLAY ANY SPORTS?  YES  NO (If yes, please list): \_\_\_\_\_

HAVE YOU TRAVELLED OUTSIDE YOUR HOME COUNTRY?  YES  NO (If yes, please list): \_\_\_\_\_

\_\_\_\_\_

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## **HOMESTAY - STUDENT PROFILE & PLACEMENT FORM**

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### **METROPOLITAN PREPARATORY ACADEMY**

#### **CHARACTER/PERSONALITY PROFILE:**

Please check all words that apply

- Active       Creative       Introverted       Responsible       Studious  
 Adaptable       Energetic       Outgoing       Sensitive       Talkative  
 Calm       Enthusiastic       Motivated       Sociable       Tidy  
 Cooperative       Independent       Quiet       Other: \_\_\_\_\_

#### **MEDICAL/HEALTH/FOOD:**

DO YOU HAVE ANY MEDICAL CONDITIONS?  YES  NO (If yes, please list): \_\_\_\_\_

DO YOU TAKE ANY PRESCRIBED MEDICATIONS?  YES  NO (If yes, please list): \_\_\_\_\_

DO YOU HAVE ANY SPECIAL PHYSICAL NEEDS?  YES  NO (If yes, please list): \_\_\_\_\_

DO YOU HAVE FOOD ALLERGIES?  YES  NO (If yes, please list): \_\_\_\_\_

DO YOU HAVE ANY OTHER ALLERGIES? (medicines, animals etc.)  YES  NO (If yes, please list): \_\_\_\_\_

DO YOU REQUIRE A SPECIAL DIET? (e.g. vegetarian, vegan, etc.)  YES  NO (If yes, please list): \_\_\_\_\_

FOOD	LIKE	DISLIK E	OKAY	NOTES: (favourites/least favourites)
Meat (pork, beef, pork. etc)				
Fish/seafood				
Poultry (chicken, turkey, etc.)				
Eggs				
Vegetables				
Dairy products (milk, cheese, yogurt, etc.)				
Fruit				
Sandwiches				
Beans/lentils				
Pasta				
Rice, Noodles				
PLEASE LIST ANY OTHER FAVOURITE FOODS HERE: _____ _____				
PLEASE LIST LEAST FAVOURITE FOODS HERE: _____ _____				

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## **HOMESTAY - STUDENT PROFILE & PLACEMENT FORM**

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OUR HOME STAY PROGRAM INCLUDES \*\*PRIVATE ROOM \*\* 3 MEALS A DAY\*\* LAUNDRY FACILITIES\*\* UNLIMITED INTERNET\*\*

### **HOMESTAY PREFERENCES**

WOULD YOU PREFER A HOMESTAY FAMILY WITH...? (Please check all that apply)

CLASSMATES     NO CLASSMATES     NO CHILDREN     NO PREFERENCES

ARE YOU OKAY LIVING WITH A HOMESTAY FAMILY THAT HAS PETS  YES  NO PLEASE SPECIFY:

WOULD YOU PREFER YOUR ROOM TO BE...

UPSTAIRS     LOWER LEVEL     NO PREFERENCE (PLEASE NOTE THAT WE CANNOT GUARANTEE PLACEMENT OF THE ROOM WITHIN THE HOUSE DUE TO AVAILABILITY AND DEMAND)

*The Metropolitan Preparatory Academy homestay program promotes friendship and language learning during a cultural exchange between Canadian Families and international students. Canada is a multicultural society that values and respects the diversity of many cultures, religions, and races. There are many types of Canadian families that participate in the homestay program. Every host family will have its own unique lifestyle, so be open and willing to share and enjoy a meaningful homestay experience with the host family we have selected for you.*

### **METROPOLITAN PREPARATORY ACADEMY (MPA) AGREEMENT**

**I UNDERSTAND THAT AND/OR AGREE TO:**

- Follow the homestay family house rules.
- I will not engage in or sign any contracts with my host that would incur any financial obligations or responsibility for either party. (e.g. bank account, mobile phone, rentals, or purchases of any kind)
- I will become familiar with and understand the routines of my homestay family, and follow those routines.
- I will conduct myself with appropriate behaviour in homestay. Please refer to the MPA student code of conduct.
- I will discuss with my hosts any of my special requirements, preferences, and interests to ensure they understand what I need to feel comfortable.
- Contact MPA staff if there are any difficulties and request assistance when necessary.
- If I (the student) decide to leave the homestay before the end of June I am aware that I must forfeit the current and June's payment.

**IF A STUDENT HAS A LEGITIMATE PROBLEM THAT CANNOT BE RESOLVED AMICABLY BY BOTH PARTIES WE WILL RELOCATE THE STUDENT. IF A STUDENT REPEATEDLY IGNORES HOMESTAY RULES, THEY WILL BE REMOVED WITHOUT A HOMESTAY FEE REFUND**

**I UNDERSTAND AND AGREE WITH THE INFORMATION CONTAINED ON THIS FORM. I FURTHER UNDERSTAND THAT METROPOLITAN PREPARATORY ACADEMY STAFF WILL SELECT A HOST FAMILY BASED ON THE INFORMATION I HAVE PROVIDED AND THAT THEY CANNOT GUARANTEE THAT ALL OF MY PERSONAL PREFERENCES WILL BE MET.**

**STUDENT**

**PARENT/GUARDIAN**

**NAME:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**EMAIL COMPLETED FORM TO**

**HOMESTAY@METROPREP.COM**