

# Live & Learn ENROLLMENT FORM

FAX #: (416) 925-5990 – Email: [office@languagesabroad.com](mailto:office@languagesabroad.com)

## PERSONAL DETAILS PLEASE PRINT CLEARLY

First name: \_\_\_\_\_ Last name: \_\_\_\_\_ Sex: M / F  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State / Province: \_\_\_\_\_ Zip/Postal code: \_\_\_\_\_  
Country: \_\_\_\_\_ Citizenship: \_\_\_\_\_ Profession: \_\_\_\_\_  
Phone (Home): \_\_\_\_\_ Phone (Cell): \_\_\_\_\_  
Phone (Work): \_\_\_\_\_ Email: \_\_\_\_\_  
Date of birth: D \_\_\_\_ / M \_\_\_\_ / Y \_\_\_\_ Current age: \_\_\_\_\_ Smoker / Non-smoker (circle one)  
Contact person in case of an emergency (Name / Phone #): \_\_\_\_\_  
How did you hear of Languages Abroad? \_\_\_\_\_  
Do you have any hobbies or specific interests? \_\_\_\_\_

## REGION AND COURSE INFORMATION

Country / Region (please list 3 choices in order of preference): 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
Course type: Standard / Business / Lessons + informal activities / Language & Sports program  
Hours of language instruction per week: 10 / 15 / 20 / 25 / 30 Hours of informal activities per week (if applicable): 5 / 10 / 15  
Course dates: From: D \_\_\_\_ / M \_\_\_\_ / Y \_\_\_\_ To: D \_\_\_\_ / M \_\_\_\_ / Y \_\_\_\_ # of Weeks: \_\_\_\_\_  
Language level: No knowledge / Beginner / Elementary / Intermediate / Advanced  
MINOR STUDENTS - Cocooning option (extra cost): Yes / No Night-time curfew: \_\_\_\_\_ Flying as Unaccompanied Minor: Yes / No

## ACCOMMODATION INFORMATION

Accommodation choice: Standard / 5 Star Private bathroom (extra cost – included in 5 Star): Yes / No Accept a family that smokes? Yes / No  
Health conditions or dietary requirements? \_\_\_\_\_  
Additional comments / Special requests: \_\_\_\_\_

## PROGRAM FEES & OPTIONS (All prices in USD)

Basic program fees (tuition, accommodation, meals) \_\_\_\_\_ \$ \_\_\_\_\_  
Medical insurance coverage from D \_\_\_\_ M \_\_\_\_ Y \_\_\_\_ to D \_\_\_\_ M \_\_\_\_ Y \_\_\_\_  
Cost is \$30 per week: \$30 x \_\_\_\_\_ weeks \_\_\_\_\_ \$ \_\_\_\_\_  
Extra night of accommodation from D \_\_\_\_ M \_\_\_\_ Y \_\_\_\_ to D \_\_\_\_ M \_\_\_\_ Y \_\_\_\_ Number of nights: \_\_\_\_\_ \$ \_\_\_\_\_  
Airport pick up \_\_\_\_\_ \$ \_\_\_\_\_  
Other (please describe) \_\_\_\_\_ \$ \_\_\_\_\_  
TOTAL FEES \$ \_\_\_\_\_

I understand and agree to the Terms & Conditions of Languages Abroad (as per [www.languagesabroad.com/practical-info/terms.html](http://www.languagesabroad.com/practical-info/terms.html))

APPLICANT'S (OR LEGAL GUARDIAN) SIGNATURE: \_\_\_\_\_ DATE: D \_\_\_\_ / M \_\_\_\_ / Y \_\_\_\_

## IMPORTANT: PLEASE READ!

### HOW TO ENROLL:

- 1) Please complete and sign this enrollment form (if the student is under 18 years, parent/ guardian will need to sign under age waiver form)
- 2) If enrolling within 45 days of the start date, FULL PAYMENT is due. If enrolling outside of 45 days, a \$300 or 10% deposit (whichever is greater) is due. If paying by credit card, please complete and fax in credit card approval form WITH this form.
- 3) Fax the completed enrollment form, credit card approval form (and waiver if applicable) to +1 416-925-5990 or email to [office@languagesabroad.com](mailto:office@languagesabroad.com)
- 4) Please do NOT book flights until your program is confirmed. Any further questions please call us 1-800-219-9924.