

Reservation Form (due by Friday, June 3, 2022)

Culture and Language Voyage to Québec City Sunday, August 7 – Sunday, August 14, 2022

**Discover Québec and its vibrant culture and improve your French
in a complete French immersion experience!**

Organized by the French Institute Alliance Française (FI AF)
in collaboration with Edu-Inter (the “Organizers”)

Name(s) of participant/teenager:

Date of Birth of participant (MM/DD/YY): Nationality of participant:

Name(s) of legal guardian(s): Relationship:

Address:

City: State: Zip:

Phone number of legal guardian(s):

Email of legal guardian(s):

TRIP COST

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Trip cost per person is **\$3,800**

Includes round-trip economy flight to Québec City from New York, French classes at *Edu-inter Language School*, 3 meals per day, housing accommodation with a host family arranged by Edu-Inter, tickets for various activities, and local transportation.

DEPOSIT

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A deposit of **\$950** per person is required by **Friday, June 3, 2022**.

The remaining tuition amount of **\$2,850** is due by **Friday, June 17, 2022**.

ACCOMODATION - Homestay preferences - Information for Edu-Inter

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- Allergies to pets: _____
- Food allergies or restrictions: _____
- I can live with a family with children I can live with pets
- Special diets: _____ Vegan Gluten free
- Any other important information we should know about your child prior to departure:

PAYMENT INFORMATION

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I have enclosed:

- The total trip cost \$ _____ for _____ participant(s)
- A deposit of \$ _____ for _____ participant(s)

Payment method:

- I have enclosed a check payable to the French Institute Alliance Française (FI AF)
- I want to pay by credit card (note that a 5% processing fee will be added to the total):
 - Visa Mastercard American Express

Credit Card No. _____ Expiration _____

Biling Address _____

City _____ State _____ Zip _____

If paying by card, I authorize the French Institute Alliance Française (FI AF) to charge the balance tuition payment if applicable to the card above on Fri, June 17, 2022.

Signature _____ Date _____

TERMS, CONDITIONS AND CANCELLATION POLICY

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Travel Arrangements

Economy flights from NYC to Québec City, Québec City to NYC and transportation from and to airport, and within Québec for the duration of the program will be provided by the Organizers (FIAF and Edu-Inter).

Responsibility

FIAF and Edu-Inter act only as a provider with respect to travel and shall, under no circumstances, be held responsible for injury, damage, loss, accident, delays or any unpredictable event whatsoever. Therefore, no refund or compensation will be made by FIAF or Edu-Inter for any damages incurred by the participant. Participants are required to purchase their own travel insurance with emergency and medical coverage.

Reservations and Cancellations

Registration form and deposit must be received by **June 3, 2022**. As space is limited, reservations will be honored in the order received. Full trip payment must be completed by **June 17, 2022**.

Cancellation requests must be submitted in writing to Chloé Lagrange – FIAF Youth Programs Coordinator at clagrange@fiaf.org.

For cancellations **before or on June 17, 2022**, a **\$250** fee per person will be deducted from the refund. Cancellations received **after June 17, 2022**, will result in **forfeiture of the full deposit amount** per person. Cancellations received **after July 1, 2022**, will result in **forfeiture of 50% of the full trip cost** per person. Cancellations received **after July 8, 2022**, will necessitate **forfeiture of the full trip cost** per person.

By signing and returning this Reservation Form, you acknowledge that you have read and agreed to the terms and conditions as indicated. You specifically waive any claims of action against FIAF, its Board of Directors, its staff, and its representatives, as well as against Edu-Inter in case of any loss of property, accident, or injury in connection with this program.

You also accept that you are responsible for any travel visa / permit that might be required by you to allow you to travel to Canada and for return to the United States.

Name and signature of the legal guardian

Date

Please return this form with deposit payment no later than Friday, June 3, 2022, to:

Chloé Lagrange
French Institute Alliance Française (FIAF)
22 East 60th Street, New York, New York, 10022
clagrange@fiaf.org

Medical Form

Name(s) of participant/teenager:

Emergency contacts

1. Name: Family Name:

Phone: Relationship to the student:

2. Name: Family Name:

Phone: Relationship to the student:

Indicate if your child suffers from any of the following conditions (specify):

Asthma:

Epilepsy:

Cardiac disease:

Diabetes:

Auditory problems:

Visual problems:

Intellectual problems:

Physical problems:

Others:

Allergies and Food intolerance

Food:

Others:

Type of reaction:

Does your child have a deadly allergy? Yes No

If yes, please specify:

If yes, does your child carry an EpiPen? Yes No

If yes, please specify:

Does your child take medications?

Yes No If yes, please specify:

Does your child wear glasses or contact lenses?

Yes No If yes, please specify:

Does your child have problems of behavior?

Yes No If yes, please specify:

Does your child need to wear ear plugs?

Yes No If yes, please specify:

Does your child prefer not doing certain activities?

Yes No If yes, please specify:

Please describe your child, including likes and dislikes:

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Other information that you would like us to know about your child:

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Parental Authorization

1. I recognize to have knowledge of the inscription modality of the center and compromise to respect it. I recognize to have knowledge of the refund politics.

2. I authorize Edu-inter/FIAF and its staff to provide all necessary care needed by my child. In the event that Edu-inter/FIAF and its staff deem necessary, I authorize my child's transportation, in an ambulance or otherwise, to a hospital. If it is impossible to contact the parents in case of emergency, I authorize the doctor assigned by Edu-inter/FIAF and its staff to proceed with all medical interventions and procedures deemed necessary according to the child's condition, including the purchase of prescription medicine at the expense of the parents.

3. I authorize the administration, in case of need, of proper dose of adrenaline, as prescribed by the doctor assigned by Edu-inter/FIAF.

4. I authorize Edu-inter/FIAF and its staff to give the following medicines without prescription, according to my child's needs:
 - Acetaminophen (Tylenol)
 - Ibuprofen (Advil)
 - Calamine Antihistamine (Benadryl)
 - Antiemetic (Gravol)
 - Antibiotic Creme (Polysporin)

5. I authorize Edu-inter/FIAF to use photos and/or videos of my child for promotional or advertising use. All collected material will remain property of Edu-inter/FIAF.

Parent's signature:Date:/...../2022

Child's signature:Date:/...../2022