



SUMMER 2011

ESL CHINESE EXCHANGE APPLICATION

Please print and fill out this form, then fax it back to: (310) 829-5544

1424 Yale Street, Santa Monica, CA 90404 • Phone: 310-591-6814 • E-mail: leasummer@gmail.com

ACSI ACCREDITED - Association of Christian Schools International K-12

APPLICANT'S INFORMATION

Applicant's Name: _____

Male

Female

Home Address: _____

Applicant's Country: _____

Daytime Phone: _____ Email: _____

Age: _____ Date of Birth: _____ Grade-Sept 2011: _____

How many years has student studied English/Chinese? _____

SESSIONS

Check appropriate box: SESSION 1 (July 17 to July 30) SESSION 2 (July 31 to August 13)

SPORTS and EXTRA CURRICULAR ACTIVITIES SELECTION

Check appropriate box : Basketball Baseball Swimming Volleyball

What extra curricular activities is the student interested in for Saturday/Sunday?

Disneyland Museums Universal Studios Six Flags Magic Mountain

Water park Hurricane Harbor Other _____

HOUSING

Check box for housing Home Stay accommodations / Airport pick up and return by Host Family

If Host Family is selected does applicant request: No pets Dog o.k Cat o.k

MEDICATIONS and EMERGENCY INFORMATION

Is participant on any prescription medications? yes or no

If yes please explain on a separate sheet and also advise if he or she is under a doctor's care for the problem.

Food Allergy's: _____

EMERGENCY CONTACTS

Parent's Name: _____ Home Phone: _____

Parents Cell Phone: _____

PROGRAM FEES

A nonrefundable deposit of \$125.00 due by 6-1-2011 for session 1 & 2 that will apply towards tuition of \$750.00.

How will fees be paid? CHECK CREDIT CARD WIRE TRANSFER