

Suite 204, 4750 Joyce Avenue

Powell River, B.C. Canada V8A 3B6

TEL: 604-485-5115 FAX: 604-485-5180

***REGISTRATION FORM***

|  |  |  |
| --- | --- | --- |
| **Student information** |  | **Program information** |
| First Name |       |  | Name of Program | Choose an item. |
| Family Name |       |  | Term (weeks) |       |
| [ ] Male [ ] Female | Age ( Age ) |  | Start date (M/D/Y) | enter a date. |
| Birthday (M/D/Y) |       |  | End date (M/D/Y) | enter a date. |
| Nationality |       |  | Approximate level of English | Choose an item. |
| Address |       |  |  |
|  |  |  | **Transfer Support at Vancouver Airport**  *(Main terminal to South terminal)* |
| Postal Code |       |  | [ ] Yes (Service fee $70) [ ] No*\*Pick-up Service at Powell River Airport is* ***FREE***. |
| TEL / FAX |       |  |  |
| E-mail |       |  | **Arrival Information** |
| Visa Status | [ ] Student [ ] Visitor[ ] Working Holiday  |  | Vancouver |
|  |  |  | Airline / Flight # |      /      |
| **Emergency Contact** |  | Arrival date (M/D/Y) / Time | enter a date. /      |
| Name / Relationship |       |  | Powell River |
| TEL / (Cell) |       |  | Airline / Flight # | Pacific Coastal /      |
| E-mail |       |  | Arrival date (M/D/Y) / Time | enter a date. /      |
|  |  |  |
| **Accommodation Requests** |  | **Medical Insurance** *(****\*****All students are advised to obtain insurance for study at Camber College.)* |
| Homestay |  |  |
| Check-in date (M/D/Y) | enter a date. |  | Do you have a valid medical insurance? | [ ] Yes [ ] No |
| Term (Months) |       |  | Name of Insurance |       |
| Smoke | [ ] Yes [ ] No [ ] No preference |  | Do you want to purchase insurance from us? | [ ] Yes [ ] No |
| Children | [ ] Yes [ ] No [ ] No preference |  | Start date of coverage (M/D/Y) | enter a date. |
| Pets | [ ] Yes [ ] No [ ] No preference |  | Term (Months) |       |
| Homestay-mate | [ ] Yes [ ] No [ ] No preference |  |  |
| Allergies |       |  | **Agent Information** |
| Medical problem |       |  | Agent |       |
|  |  |  | Counselor Name |       |
|  |  |  | TEL / FAX |       |
|  |  |  | E-mail |       |

Please read and understand the policy, and then sign this form.

**Student signature:**

OFFICE USE ONLY

|  |  |
| --- | --- |
| □ IN | □ F/Schedule |
| □ RC | □ F/Fare |
| □ LOA | □ HS |

**Date (M/D/Y):** Click here to enter a date.

(Parents or Guardian if under 19)