



colibr**ib**oston

# PROGRAM REGISTRATION FORM

Program Name: \_\_\_\_\_ Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

## Student Information:

Male  Female Current Grade: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle Preferred (Nickname)

Address: \_\_\_\_\_  
Street City State Zip Code Country

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Skype: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_

## Current School Information:

Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Family Information:

Parent/Guardian 1: \_\_\_\_\_  
Last First Relationship

Address: \_\_\_\_\_  
Street City State Zip Code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_  
Last First Relationship

Address: \_\_\_\_\_  
Street City State Zip Code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

## Accommodation:

**Standard** (4-6 ppl in a room)  
Total package \$155/day

**Semi-Private** (two ppl in a room, TV)  
Total package \$195/day

Daily package includes: selected accommodation, breakfast and dinner (including a few dinners in restaurants, snacks (cookies, fruit), transportation, subway pass (10 rides), tickets to all scheduled events and sites including sport events, movies, museums, 24 hour supervision, study hours with tutors.

## English Level:

Beginner  Intermediate  Advanced

How many years have you studied English? \_\_\_\_\_

## About Yourself:

What are your favorite activities, hobbies, sport?

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## Health:

Do you have any allergies?  Yes  No

If yes, please list: \_\_\_\_\_

Do you take any medications?  Yes  No

If yes, please list: \_\_\_\_\_

Do you have any medical, psychological, or social problems, or are you currently seeing a psychologist?

Yes  No If yes, please list: \_\_\_\_\_

## Insurance:

*Every student must have an insurance package before leaving home. This should cover loss and/or damage to personal belongings, medical expenses in the event that the student is ill, and course fees in the event of an unexpected cancellation or curtailment of the student's courses.*

*We accept no liability for the loss of, damage to, any person's property while on the summer school premises, or while engaged in leisure activities outside the campus.*

### Your Insurance:

Company: \_\_\_\_\_

Policy#: \_\_\_\_\_

## Agreement and Release:

*By submitting this Application, I grant the student permission to participate in the full program of classes and leisure activities and authorize Colibri Boston and program provider to take appropriate action in the event of any medical or other emergency and accept responsibility for the resultant costs. I also accept responsibility for any damage caused by the student and resultant cost for repair or replacement. I certify the above information is complete and correct. I understand that my misrepresentation may result in my child's expulsion from the program. I acknowledge that the terms and conditions appearing on Colibri Boston website constitute part of my agreement with Colibri Boston and study abroad program host (university, college, language school, or other institution and/or organization), including sections concerning responsibility, health, refunds, changes in dates, accommodations, courses and billing of the selected options; I assume all risks and responsibilities and discharge Colibri Boston and the study abroad program host and all their officers, agents and employees from and against any and all claims of damage to personal property or personal injury which may result from my enrollment and participation in the study abroad program host courses, excursions, and/or on and off-campus activities. I have read the terms and conditions of enrollment and agree to follow all Colibri Boston and study abroad host procedures. This Agreement will be effective when my application is accepted by Colibri Boston and shall be governed by the laws of the State of Massachusetts, USA.*

Yes, I agree  No, I don't agree

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please send this form to [info@colibrilboston.org](mailto:info@colibrilboston.org) and attach: 1) Copy of your passport  
2) Copy of the insurance

