



# North American College

## Information Technology

### English Program Registrations Form

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 Toronto, ON, M4Y 1B7  
 Canada  
 Phone: 416.960.6024  
 Fax: 416.960.9446  
 Email: info@nacollege.com  
 http://www.nacollege.com

Mr.  Ms.

Last Name		First Name	
Street and Apartment No.	City	Province/State	Postal Code
Country	Telephone	Fax	E-mail (optional)
Date of Birth: mm/dd/yy		Passport #	

Regular Programs			
Intensive Adults		Super Intensive Adults	
Please Check box <input checked="" type="checkbox"/>		Please Check box <input checked="" type="checkbox"/>	
2 Weeks	\$480	\$570	
3 Weeks	\$720	\$855	
4 Weeks	\$960	\$1140	
8 Weeks	\$1920	\$2280	
12 Weeks	\$2700	\$3300	
16 Weeks	\$3570	\$4350	
20 Weeks	\$4440	\$5400	
24 Weeks	\$5250	\$6390	
<b>Offered All Year, Age:18+</b>			

Executive Programs	
Super Intensive Adults	
Please Check box <input checked="" type="checkbox"/>	
\$1200	
\$1800	
\$2400	
\$4800	
\$7200	
<b>Offered All Year, Age:18+</b>	

Summer Programs	
Semi-Intensive	
Please Check box <input checked="" type="checkbox"/>	
\$300	
\$450	
\$600	
\$1200	
\$1800	
<b>Offered All Year, Age:18+</b>	

Program Registration fee(one-time fee, Non- Refundable)....\$100
Homestay Placement Fee (One time)....\$100
Airport Reception (Optional)....\$100    Yes <input type="checkbox"/> No <input type="checkbox"/>

### Student Visa Program

Please Check box

<b>Academic Year 1</b> 28-week Program(24 weeks of study + 4 week vacation) \$5250	
<b>Academic Year 3</b> 36-week Program(24 weeks of study + 4 week vacation) \$6500	
<b>Academic Year 3</b> 52-week Program(24 weeks of study + 4 week vacation) \$9500	

**Note:**

- Textbooks not included
- All prices in Canadian Dollars
- Reception is offered for arrivals only.

Home Stay Accommodation (Optional)		Medical insurance	
<small>Please specify the number of weeks of homestay you are requesting</small>			
Per week \$150	Per week \$180	Per week \$12	
Number of Weeks	Number of Weeks	Number of Weeks	

Program Fee	\$
Program Registration Fee	\$
Homestay Fee	\$
Homestay Placement Fee	\$
Airport Reception	\$
Medical Insurance	\$
Total	\$
Deposit	\$
Balance	\$

Starting Date: \_\_\_\_\_  
 dd/mm/yyyy

Number of weeks: \_\_\_\_\_

I hereby certify that the above information is true and complete. I understand that any false or incomplete information submitted in support of my registration may invalidate my registration. I agree to speak English on school property.

Signature of registrant \_\_\_\_\_ Date \_\_\_\_\_



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Information Technology

## Homestay Registration

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Date of Birth: mm/dd/yy \_\_\_\_\_ Start date dd/mm/yyyy \_\_\_\_\_ Check-in date dd/mm/yyyy \_\_\_\_\_

Length of Homestay <input type="text"/> <input type="text"/> Weeks	Type of homestay Single <input type="checkbox"/> Twin <input type="checkbox"/>	Level of English	Written _____	Conversation _____
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**Medical Information: It is mandatory for NAC students to have medical insurance during their stay in Canada.**

Do you have medical insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Policy No, _____	If not, will you buy at NAC Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any allergies?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, Please list them _____	
Do you have medical problems?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, Please list them _____	
Do you have food restrictions?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, Please list them _____	
Do you have food smoke?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Canada is mostly a smoke-free environment but you are permitted to smoke outdoors.	
Do you like pets?	Dogs Yes <input type="checkbox"/> No <input type="checkbox"/>	Cats Yes <input type="checkbox"/> No <input type="checkbox"/>	
Can you live in a home with either a dog or a cat?			
If there is a choice would you prefer a family with: Small children <input type="checkbox"/> Teenagers <input type="checkbox"/> Adults only <input type="checkbox"/>			

**AGREEMENT AND MEDICAL AUTHORIZATION**

I the undersigned, an applicant for homestay program, do waive and release claims against NAC for injury, loss, damage, accident, delay or expense resulting from my participation in this program. I also release them and agree to indemnify them with regard to any financial obligations or liabilities that I may personally incur or any damage or injury to the person or property of others that I may cause while participating in this program. I understand that NAC is not responsible for any injury or loss suffered by me during periods of independent travel or absence from the school.

If I become ill, injured or incapacitated at NAC, the host family or the local coordinator may take such action as any of them considered necessary including medical treatment for me and transporting me back to my country, at my own expense. I release them from all liability relating to such actions.

I understand that my participation at NAC and the homestay program may be terminated at the sole discretion of NAC without a refund of fees and that I may be sent home at my own expense if I do not adhere to the rules, standard and instruction. I agree that Canadian law shall apply to this agreement and I agree to submit to the jurisdiction of Canadian law.

I agree to pay promptly all telephone bills charged by me to the host family phone.

I agree to a minimum stay of 4 weeks and to advice the homestay coordinator at least 2 weeks before I plan to leave.

If the applicant is less than 21 years old, please have a parent co-sign below.

Applicant Signature and date: \_\_\_\_\_

Parent's Signature and date: \_\_\_\_\_