# Edu-inter – Registration Form 2026 – Teenagers

| 1 Personal Infor   | mation                                    |  |
|--|---|--|
| Name:  |   | Family Name:   |
|  |   |  |
|  |   |  |
|  |   |  |
|  |   |  |
| ,  |   |  |
|  |   |  |
|  |   |  |
|  |   |  |
| French Level   |   |  |
| Beginner Inter   | mediate Advanced                          |  |
| Emergency Contact  |   |  |
| Name:  | Family Name:                              | Relationship:  |
| Telephone:   | E-mail:                                   |  |
|  |   |  |
| 2 Dualinas   |   |  |
| 2 Package  |   |  |
| Select your Program  | Available Dates)                          | Accommodation  |
| June 29 to July 31   |   | Homestay Residence Hotel   |
| Multi-Activity   | French & Tennis*                          | 3 meals/day 3 meals/day Only for groups  |
| French & Music*  | French & Horse Riding                     | Arrival date (dd/mm):  |
|  |   | Departure date (dd/mm):  |
| June 29 to July 24   | July 6 to July 10  French & Dramatic Arts |  |
| French & Cooking*  | French & Dramatic Arts                    | Preferences or restrictions  |
| July 6 to July 17  | July 6 to July 31                         | Allergies to pets:   |
| French & Hockey  | French & Circus                           | Food allergies or restrictions:  |
| July 13 to July 17   |   |  |
| French & Soccer  |   | I can live with smokers    Vegan*    I can live with a family with children    Gluten-free diet*   |
|  |   | I can live with pets   |
| Day Camper   | Duration (in weeks):                      |  |
| * Please complete the additional information on Section 4. |   | Only restrictions and allergies are guaranteed. Edu-inter will take your preferences into account.  *Please note that vegan and gluten-free diet followers must be charged an extra \$25 per day.  An extra charge may also apply for all specifics diets. |

| 3 Dates  |   |  |
|--|---|--|
| Start date   | Arrival and Departure"  |  |
| 06/29 07/06 07/13 07/20 07/27  | Please send your final arrival and departure itinerary to hebergement3@edu-inter.com  |  |
| Duration (in weeks) 1 2 3 4 5  | Arrival by: Train Bus Plane Driving to Quebec   |  |
| Medical Insurance  | Unaccompanied minor airport pick-up and drop-off (\$155 each way)   |  |
| Arrival date (dd/mm):  | Arrival date (dd/mm):   |  |
| Departure date (dd/mm):  | Departure date (dd/mm):   |  |
| Number of days:  | **2-way transfer from Montreal: +\$725  |  |
|  |   |  |
| 4 Additional Information (only complete this section if y  | your registration is for one of these programs)   |  |
|  |   |  |
| French & Music   | French & Tennis   |  |
| Indicate the instrument(s) you play with the number of years of experience you have and the number of instruction hours you have received, if any. Place the instruments in order of preference.  Instruments  Years of  experience  Hours of  Educational institution/city  experience  instruction  (or name of private teacher) | It is mandatory to bring your own tennis racket. In case it is absolutely impossible for you to bring it, please notify Edu-inter at least 7 days before your arrival in Québec City so that Edu-inter can make a rental request to the Académie de tennis Aliassime. If you do not meet this deadline, Edu-inter does not guarantee that there will be one available.  1. Indicate the number of years of experience you have and the number of instruction hours you have received. |  |
|  | Years Hours/week  |  |
| Indicate any relevant diploma and the name and location of the educational institution where it was obtained.  | 2. Indicate where you have received your training (school, club, etc.)  |  |
|  |   |  |
| Indicate the instrument(s) you will have in your possession during your stay in Quebec, if any.  |   |  |
|  |   |  |
| French & Cooking  Do you have any food allergies?  | 3. Indicate your current level.   |  |
|  |   |  |

| 5  | Payment Methods (kindly inform us of the method of payment of your preference)  |  |  |
|--|---|--|--|
|  | TRANSFERMATE  Paying tuition through our payment platform is safe, fast, and convenient. Create an account or log in, enter your details, and confirm the payment. It's that simple:  https://learningfrenchinquebec.transfermateeducation.com/ | CREDIT CARD (VISA or MasterCard)  Complete and email the payment authorization form. An additional 3.95% will be applied to all credit card payments. Our accounting department will be in touch with a secure form so you can share your information.   |  |
|  | CERTIFIED CHECK  Your bank can also assist you with the process of obtaining a certified check. Please mail it to us at Edu-inter accounting: 755 Grande Allée Ouest, Quebec QC, G1S 1C1 Canada   | INTERAC E-TRANSFER (within Canada only)  From a Canadian bank account. Please send your payment to comptabilite3@edu-inter.net. If you are asked to create a security question, we suggest using the student ID question and putting as the answer the ID number you will receive on your invoice. |  |
| WIRE TRANSFER  Please contact your bank to know the exact procedure. Complete banking details appear on your invoice. Please include an additional amount of \$20 CAD to cover international bank fees and send proof of payment to comptabilite3@edu-inter.net so we can update our records and send you an official receipt. It's also important to enter the student's name or ID in the beneficiary section. |   |  |  |
| <ul> <li>I hereby certify that the above information is true and complete.</li> <li>I have read and understood the attached Terms and Conditions and Refund Policies.</li> <li>I authorize Edu-inter to use photographs and videos of me for media and promotional uses and release all interests, including royalties, proceeds and other benefits derived from such photographs and videos.</li> </ul>         |   |  |  |
| Sigr   | nature (parent or guardian):  | Date (dd/mm/yy):   |  |
| IMPORTANT: All payments are in \$ CAD. Prices are subject to change without notice.  |   |  |  |
|  |   |  |  |

# Terms, Conditions and Policies

### 1. GENERAL INFORMATION

### Minimum Age

Students must be 10 to 17 years of age to enroll in any Teenager French Program in Quebec City

### Afternoon Program

Arternoon program
An afternoon program can be taken in combination with the morning Core French program for teens. An afternoon program cannot be taken independently.

Custodianship Services
A custodian located in Canada is required for all unaccompanied minors who need to apply for a visa to enter Canada.

### Letter of Acceptance

If you need a tourist visa to enter Canada, Eduir you need a tourist visa to enter Canada, Edu-inter sends you a "letter of acceptance" as soon as we receive the minimum deposit. The letter of acceptance may be required by the Government of Canada to process your visa application.

Canadian embassy or consulate in your country of residence for information regarding the entry procedure to Canada. You may require a Temporary Resident Visa to visit Canada Canadian authorities will tell you how to procee

Medical Insurance
Health insurance is mandatory for all visitors
from outside of Canada. Upon your arrival at
Edu-inter and prior to the start of your course,
you will be asked for a proof of medical insurance. If you don't have obtained proper medical insurance, Edu-inter can arrange it for inter-national students upon their arrival. Canadian students are covered for emergencies in Quebec through their provincial health plan.

Airport Pickup
Unaccompanied minors must request the transfer service to and from their point of arrival. If

on arrival day, the flight is cancelled or modified and the arrival time planned changes, students are responsible for communicating this change as soon as possible by calling the emergency as soon as possible by calling the emergency number of Edu-inter. By doing so, students make sure that Edu-inter makes the necessary modifications. Should Edu-inter not be notified, the representative of Edu-inter is not under any obligation to wait for students or to return to the dirport; students must then go to their accom-modification, their name note. modation by their own means

# Course Attendance

Unauthorized absences are registered in the students' file. Attendance to classes and camp is mandatory for all students, except for justified medical reasons. The course completion certificate is only handed to students who attended 100% of the classes.

### Dispute Resolution

Institute resolution
If students have a complaint regarding the courses, another student, a professor or another staff member, the director must be informed.
The director will discuss the complaint with the student to find a suitable solution

### Accommodation

Homestay or residence accommodation nor-mally begins the Sunday prior to your start date and ends the Saturday immediately following your last class. Accommodation is invoiced on a per night basis. When students require addition al nights in residence, they must participate in all datory excursions and activities; these will be added to the invoice

# Validity of Fees - Summer 2026

Rates will be valid from August 1<sup>st</sup>, 2025 to August 1<sup>st</sup>, 2026. Note that registrations for Summer 2026 received before December 31<sup>st</sup>, 2025 are invoiced at the rate of 2025.

Credit Card Payments
An additional 3,95% will be charged to all payments done with credit card VISA, MasterCard.

### Administrative Fees

\$400CAD fee (non-refundable) covers the administrative costs related to the registration process, and preparations required for receiving the student into the program. This fee is included in the package prograr

# Registration and Confirmation Procedu

You may get our registration form by making the request to Edu-inter. Upon reception of your registration, we confirm your registration and send your invoice. Your invoice includes the total amount of your French immersion stay. The registration must be confirmed with a minim deposit of 25% of the amount of the total invoice or \$400CAD, whichever is highest.

Payment Due
Payment of the invoice must be settled in its
entirety 30 days prior to the beginning of the
French immersion program at Edu-inter.

### 3. CANCELLATION AND REFUND POLICIES

### Refund Policies

Refund Policies
Any request for partial or total reimbursement of your program must be made by written notification and sent to Edu-inter for analysis. If you are eligible for a refund, it will be made within 60 business days. Edu-inter will retain the sum of administrative fees of \$400CAD and the difference will be refunded.

### Program fees

All fees are detailed on the invoice; after validation by the management, you will be refunded the fol-lowing percentage of your invoice detailed bellow:

More than 30 days or more before the program start date: 75% of the total program

- Between 29 and 4 days before the program start date: 50% of the total program amount.
- · 3 days before the program start date:

In any cases, 25% of the amount of the total invoice is not refundable

If you cancel in writing or are dismissed from Edu-inter after your arrival, no refund is poss

### NON REFUNDABLE FEES

The 25% deposit of the invoice are not refundable. It includes registration and accommodation placement fees.

### Medical insurance

Once the student is arrived in Canada, medical insurance is not refundable

### 4. CHANGE POSTPONEMENT POLICIES

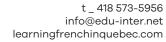
### Afternoon Program or Excursion Changes

or excursions after their arrival in Quebec mu ask their parents to send a written request to ask their parents to send a written request to the director. When the request is made one week or more before the change, a Change Fee of \$150CAD is invoiced to students. If the change is requested in less than one week's notice, an Urgent Change Fee of \$250CAD is invoiced to the student. Students must also pay any difference in price for the new option of their choice.

### Accommodation Changes

Students' natural parents may ask for a change of accommodation for justifiable reasons of discomfort or of non-compatibility with one or ascending to a non-compatibility with one or several members of a host family chosen by Edu-inter. To request a change of accommodation, the students' natural parents must request the change in writing to a team member. A change decision is always done under Edu-inter agree-ment and validation. When the change request is made within the first week of arrival, the change is made at no additional fee. When the request is de after the first week of arrival, a Change Fee of \$100CAD is invoiced to students. In the event that request is made with less than 1 week's notice, an Urgent Change Fee of \$200CAD is invoiced to the student. In both cases, students re responsible for the costs of moving from one lace of accommodation to another.

Edu-inter reserves the right to change start dates, programs, and course curriculum at any time without notice. The fees, dates and conditions listed in our brochure are subject to change at any time without prior notice. Educhange at any time without prior notice. Edu-inter accepts no responsibility whatsoever for any loss or damage to the personal belongings or property of a student participant or for any injury to or death of a student or program par-ticipant occurring on or off school property.





# **Medical Form**

| Name:    |   |                                |  |
|----------|---|--------------------------------|--|
| Family   | Name:   |                                |  |
| Emerg    | ency Contact                                      |                                |  |
| 1. No    | ame:  | Family Name:                   |  |
| Pł       | none:   | Relationship with the student: |  |
| 2. No    | ame:  | Family Name:                   |  |
|          | none:   | Relationship with the student: |  |
| Indica   | te if your child suffers from any of the followin | ng condition (specify):        |  |
| П        |   | ig condition (opeony).         |  |
|          | Epilepsy:   |                                |  |
|          |   |                                |  |
|          |   |                                |  |
| П        |   |                                |  |
|          |   |                                |  |
|          | ☐ Visual problems:                                |                                |  |
|          | ☐ Intellectual problems:                          |                                |  |
|          |   |                                |  |
|          | Others.   |                                |  |
| Allerai  | es and food intolerance:                          |                                |  |
| ,e. g.   | Foods:  |                                |  |
|          | Others:   |                                |  |
|          | Type of reaction:                                 |                                |  |
|          | Type of reaction.                                 |                                |  |
| Does y   | our child have a deadly allergy?                  |                                |  |
|          |   |                                |  |
|          | , , , , , ,                                       |                                |  |
| If he or | she does, does your child carry an epipen?        |                                |  |
|          | Yes 🗌 No If yes, specify:                         |                                |  |

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| Does your child take medications?                                  |
|--|
| ☐ Yes ☐ No If yes, specify:  |
|  |
| Does your child wear glasses or contact lenses?                    |
| ☐ Yes ☐ No   |
|  |
| Does your child have behavioural problems?                         |
| ☐ Yes ☐ No   |
|  |
| Does your child know how to swim?                                  |
| ☐ Yes ☐ No   |
| December of the wage fleetons in the wester?                       |
| Does your child need to wear floaters in the water?                |
| ☐ Yes ☐ No   |
| Does your child need to wear ear plugs?                            |
| ☐ Yes ☐ No   |
| _ res _ no   |
| Does your child prefer not doing certain activities?               |
| ☐ Yes ☐ No If yes, specify:  |
|  |
|  |
| Please describe your child, including likes and dislikes:          |
|  |
|  |
|  |
| Other information that you would like us to know about your child: |

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child's needs:



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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 policies.
- 2. I authorize Edu-inter and its staff to provide all necessary care needed by my child. In the event that Edu-inter 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 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.

4. I authorize Edu-inter and its staff to give the following medicines without prescription, according to my

|  |       | Acetaminophen (Tylenol)       |       |
|--|-------|-------------------------------|-------|
|  |       | Ibuprofen (Advil)             |       |
|  |       | Calamine                      |       |
|  |       | Anti-Histamine (Benadryl)     |       |
|  |       | Antiemetic (Gravol)           |       |
|  |       | Antibiotic Creme (Polysporin) |       |
| <ol> <li>I authorize Edu-inter to use photos and/or videos of my child for promotional or advertising use.</li> <li>All collected material will remain property of Edu-inter.</li> </ol> |       |                               |       |
| Pa   | rent' | s Signature:                  | Date: |
| Ch   | ild'e | Signature                     | Date: |



# **Exit Authorization for Residence Students**

**Teenagers aged between 14 and 17 that are staying in the student residence** have the possibility, with the attached authorization signed by their parents, to benefit from free outings in the evenings. These outings are possible 5 days a week.

#### **TEEN OBLIGATIONS**

- Inform the counsellor in charge of his desire to go out.
- Inform the counsellor of his exit location.
- Exit in groups of 3.
- Always be reachable (WhatsApp/text).
- Respect the 9:30pm curfew time.
- Have had a very correct behavior, both in class and during activities.

### **COUNSELOR OBLIGATIONS**

- Present the places authorized or not (pubs, clubs prohibited, some shows of the festival...).
- Do not let teenagers under the age of 14 out.
- Confirm that the authorization form is properly signed.
- Check that there are indeed three of them.
- Check that they have their mobile phone with them as well as their identification cards.

# RESTRICTION AND CANCELLATION OF PRIVILEGE

A teenager whose behavior in class or during activities is not correct may have one or more evenings removed; the camp counsellors and the school management are the only decision makers. Teenagers who do not respect the curfew return time will immediately have this privilege suspended. At all times, the entertainment team and management reserve the right to cancel one or more evening outings if disciplinary behavior, weather or security conditions so require.

## **ROLE AND RESPONSABILITY OF PARENTS**

Parents are fully responsible for signing the exit permit; this authorization must reach us no later than two weeks before the arrival of your child. For a simple matter of logistics, a parent who has not signed the exit authorization upon the arrival of their child cannot reconsider his decision during their stay.

### **FUNCTIONING**

Teenagers over the age of 14 who do not have an exit permit will be under the supervision of the campus counsellors with all the younger teenagers. Activities will be offered, on a voluntary basis, mixing 10–13-year-old with those teenagers.

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# **Exit Authorization Form**

| I, the undersigned  |  |
|---|--|
| parent of   | aged of  |
| authorize my child to go out during evening on days au      | thorized by the management team of the summer camp.            |
| I hereby completely discharge Edu-inter and its team f      | rom the responsibility of supervision during these outings.    |
| I also acknowledge that in the event of non-compliance      | e with the exit instructions, my child may lose this privilege |
| for an indefinite period. I also understand that not signir | ng this document will keep my child at the residences under    |
| supervision, mixed with others underaged of our group       | but welcome to participate to optional onsite activities.      |
|   |  |
|   |  |
|   |  |
|   |  |
| Date:   |  |
|   |  |
| Legal and authorized person signature:                      |  |