

# CAE Young Learner Enrolment / Parental Consent Form 2018

Please complete this form in CAPITAL LETTERS and send to Ann Stevenson [cae@cambridgeacademy.co.uk](mailto:cae@cambridgeacademy.co.uk)

Please note that your child's enrolment is not complete until we have received a signed Young Learner Enrolment form.

By completing this form I allow information provided to be processed and stored according to [CAE's Privacy Policy](#).

## 1 Personal Details

Male:            Female:

Student Family name:

Student First name(s):

What does your child like to be called?:

Date of Birth:

Age:

Nationality:

Language spoken:

Passport number:

Expiry date:

Photograph: Please send your photograph (portrait) to: [cae@cambridgeacademy.co.uk](mailto:cae@cambridgeacademy.co.uk)

## 2 Home Contact Details and Emergency Contact

Home address:

City:

Postcode:

Country:

Telephone:

Mobile:

Emergency contact name This person should be available 24 hours a day.    English speaker? No:            Yes:

Full Name:

Contact Number:

Who is this person?

Email:

## 3 Course Details

I would like to enrol for (select as appropriate):

Teenage Residential

Teenage Homestay

Teenage Residential

Children's Residential

Starting date: (DD/MM/YY)

PHC1

T1

OBH1

MH1

PHC2

T2

OBH2

MH2

PHC1 + 2

T3

OBH1 + 2

MH1 + 2

Finishing date: (DD/MM/YY)

## 4 What is your level of English?

	Beginner					Advanced	
	1	2	3	4	5	6	7
Speaking	1	2	3	4	5	6	7
Writing	1	2	3	4	5	6	7

## 5 How did you first hear of the Cambridge Academy of English?

British Council: \_\_\_\_\_ English UK: \_\_\_\_\_ Friend: \_\_\_\_\_ Teacher: \_\_\_\_\_ Agent: \_\_\_\_\_ Internet: \_\_\_\_\_  
Other, namely: \_\_\_\_\_

## 6 Travel Arrangements (if available)

**NB: Do NOT book flights until booking confirmation is received. Inclusive airport transfer must be between 09.00 and 19.00.**

Arriving on (DD/MM/YY):	Departing on (DD/MM/YY):
Airport:	Airport:
Terminal:	Terminal:
Flight number:	Flight number:
Time of arrival:	Time of departure:

## 7 Medical and welfare information

I am interested in the following exam(s): \_\_\_\_\_

Student Family name: \_\_\_\_\_

Student First name(s): \_\_\_\_\_

Course Details (please select the correct box): **Teenage Homestay** **PHC** **OBH** **MH**

From (DD/MM/YY) \_\_\_\_\_ To (DD/MM/YY) \_\_\_\_\_

**YES NO** Give details below. **\*\*Attach further notes if appropriate.**

**Has your child studied at CAE before?** If Yes, When?: \_\_\_\_\_

**Does your child have allergies or special dietary needs?** If Yes, What?: \_\_\_\_\_  
*E.g. pet allergies (homestay only) or food which they cannot eat*

**Does your child have any relevant medical history that CAE should know about?** If Yes, What?: \_\_\_\_\_  
*E.g. asthma, disability, allergy, surgery or serious illness in the last 12 months*

**Does your child have any relevant medical history that CAE should know about?** Yes: \_\_\_\_\_ No: \_\_\_\_\_  
*E.g. asthma, disability, allergy, surgery or serious illness in the last 12 months*

**Is your child receiving medication?** If Yes, give details\*\*:

**Will your child bring any medicines with them?** If Yes, give full details\*\*:

**Do you consent to your child being given non-prescription medication, where appropriate?** Yes: \_\_\_\_\_ No: \_\_\_\_\_

## 7 Medical and welfare information (continued)

YES NO Give details below.

Has your child had a tetanus vaccination?

If Yes, When?:

Do you allow your child to swim?

Can they swim 25 metres?:

Which type of room would your child prefer?

No preference

Dormitory

Twin

Single (limited)

Please note we **do not guarantee preferences**. Teenage Homestay Courses offer twin rooms only. See **CAE Sleeping Policy** for further information.

If you **DO NOT** wish your child's picture to be used for CAE promotional purposes, click here:

**\*\*Special Notes:** Give full details of **any special requests/medical or personal information** that may be relevant to your child's stay with us. Attach full details on a separate sheet if necessary.

## 8 Payment of fees

1. I wish to pay for my course in £

2. Payment can be made by:

Cheques in sterling drawn on a bank in the UK

By bank transfer to:

Cambridge Academy of English, Barclays Bank plc, Chesterton Road Branch, Cambridge, England.

Bank code: 20-17-35, SWIFT: BARCGB22

£ payments to £ Sterling account: 60224421. IBAN: GB95BARC20173560224421

VISA or MasterCard:

Please charge my VISA/MasterCard for the deposit of £200

Please charge my VISA/MasterCard for the balance 2 weeks before the start of my course

**NB If you would like to pay by card, please contact us at [cae@cambridgeacademy.co.uk](mailto:cae@cambridgeacademy.co.uk)**

3. All fees should be paid in advance, not later than two weeks before the start of the course.

4. The Cambridge Academy of English reserves the right to increase fees or charges without prior notice.

Agent reference (if relevant):

Please give the name, address, contact telephone, contact email of person or organisation or company responsible for payment if not yourself:

## 9 Parental Consent

We regret that your child cannot participate in the full activity programme until we have received their completed **Young Learner Enrolment Form** including the **Parental Consent** below.

I consent to the full participation of my child (named above) on the course. I confirm that the information provided is complete and true. I understand that I must notify CAE of any changes, or information relevant to the health and welfare of my child and others, and to their suitability for a homestay / residential course. I agree that information will be stored and used for CAE purposes only. I authorise CAE to be responsible for my child's welfare for the duration of the course. I give consent for a doctor to administer necessary medical treatment, including anaesthetic and operation, if I cannot be contacted in an emergency. If my child is on the teenage homestay course, I give permission for her/him to walk to/from school.

Full name of parent / guardian:

Date: