



FORMATION CONTINUE À GLENDON – GLENDON EXTENDED LEARNING CAMPUS GLENDON, UNIVERSITÉ YORK – GLENDON CAMPUS, YORK UNIVERSITY 2275 Bayview Avenue, Pavillon York / York Hall A112, Toronto, Ontario, Canada M4N 3M6

Telephone: 416.487.6780 Fax: 416.487.6781

Registration Form

ESL Immersion

Spring 2017: May 22 to June 23 (arrive May 22, depart June 23) Summer 2017: July 3 to August 4 (arrive July 3, depart August 4)



Spring 2017: May 22 to June 23 (arrive May 22, depart June 23) Glendon Extended Learning Glendon Campus of York University
I confirm my registration in the: ESL FSL Immersion Program (select language of immersion)
I will be staying for: 2 3 4 5 Weeks (select the number of weeks)
I will arrive in Glendon on: (indicate date of arrival)
My Program Fee is: \$ My non-refundable Registration Fee is: \$75
My Security Deposit is: \$100 OR Security Deposit Credit Card Form (select method of payment)
Last name: First name:
Address:
City: Province: Country: Postal code:
Telephone number: ()
Cell Phone: ()
Email:
Social Insurance Number (if applicable):
Date of birth: Year Month Day
Please initialize each box and sign in the appropriate space below if you are 18 years of age or older. If you are under 18, your parent/guardian must initialize and sign this form. I am attaching a certified cheque or money order made payable to "York University" for the Program Fee, non-refundable Registration Fee (\$75) and the Security Deposit Credit Card Form. OR I am attaching a certified cheque or money order made payable to "York University" for the Program Fee, non-refundable Registration Fee (\$75) and the Security Deposit (\$100) refundable according to the terms of the Agreement.
I have read, have understood and do agree to abide by the terms of the Glendon Extended Learning Program Agreement while participating in the Immersion Program. I authorize you to give my email address to all Immersion participants so that I can share information with them or arrange for traveling together.
Learning Program Agreement while participating in the Immersion Program. I authorize you to give my email address to all Immersion participants so that I can share

Signature of Parent/Guardian: _

Date: __

(If Participant is under the age of $\overline{18}$)