



**BRAEMAR**  
COLLEGE

Agency name, if applicable

Mr.  Ms.  Last Name: \_\_\_\_\_ Given Name(s): \_\_\_\_\_  
Date of Birth: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ Passport #: \_\_\_\_\_  
Street Number \_\_\_\_\_ Street Name \_\_\_\_\_ City \_\_\_\_\_  
State/Prov. \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_  
Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**ESL CERTIFICATE PROGRAM**

25 hours per week

Please check:

4 weeks	
6 weeks	
8 weeks	
10 weeks	

Offered all year (please see website for starting dates)

**ESL CERTIFICATE PROGRAM**

25 hours per week

Please check:

12 weeks	
16 weeks	
20 weeks	
24 weeks	
24 weeks +	

Offered all year (please see website for starting dates)

**ELITE ENGLISH TEEN PROGRAM**

Please check:

4 weeks	
6 weeks	
8 weeks	
10 weeks	
10 weeks +	

Offered all year (please see website for starting dates)

**summer CAMP**

**RESIDENCE OPTION**

Please check:

3 weeks	
4 weeks	

For students 13 to 17 years of age

**summer CAMP**

**HOMESTAY OPTION**

Please check:

3 weeks	
4 weeks	

For students 13 to 17 years of age

Housing Required? Yes \_\_\_ No \_\_\_ (If yes, fill out Housing Form) Need Medical Insurance? Yes \_\_\_ No \_\_\_ Airport Pickup? Yes \_\_\_ No \_\_\_

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 have read and agree to the terms and conditions of the school's code of conduct without reservation.

Signature of Applicant: \_\_\_\_\_ Starting date: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_  
(or guardian/parent if applicant is under 18 years of age)