



Summer Youth Camp

Studying English in Beautiful Victoria B.C. Canada!

inlingua Victoria is now offering two English Summer Camps!

"Youth" 9-12 years old &

"Teens" 13-17 years old

Students of all English levels are welcome to join these programs to improve their English.

Our students often find that their English level and confidence in speaking improves quickly throughout their time in our Summer Camp.

Teachers are certified and highly experienced in working with these age levels, to provide students with the best education possible.

Students expand their learning through enjoying activities, experiencing Canadian culture, and making new friends!

What better way to enjoy the Summer of 2019?





Camp Schedule July 2nd - August 16th 2019

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
9:00 - 12:00	Lessons	Lessons	Lessons	Lessons	Lessons	
12:00 - 12:30	LUNCH					
12:30 - 3:00	Activity	Activity	Activity	Activity	Activity	Activity





















Summer Youth Camp Fees



Dates	Duration	Tuition + Activities	Registration	Textbook & Materials	Total
July 2nd to August 16th	1 Week	\$535	\$150	\$10	\$695
	2 Weeks	\$1070	\$150	\$20	\$1240
	3 Weeks	\$1605	\$150	\$30	\$1785
	4 Weeks	\$2140	\$150	\$40	\$2330
	5 Weeks	\$2675	\$150	\$50	\$2875
	6 Weeks	\$3210	\$150	\$60	\$3420
	7 Weeks	\$3745	\$150	\$70	\$3965

Optional Fees

Home	estay Placement	Homestay for Minors (3 meals/day)	Custodianship	Homestay Extra Night	Medical Insurance	Airport Pick-up (Victoria)
	\$250	\$250	\$125	\$40	\$25/Week \$3.50/day	\$100 one way \$170 return

























English Summer Youth Camp APPLICATION



Applications can be submitted online or via email at admissions@inlinguavictoria.com

Student Info	ormation						
Family Name:		First Name:					
o Male o Fe	male Date of birth (Year/Month/Day)	/Age:					
Nationality:	First Language:	Passport Number:					
Address:		City:					
Province/State	Country:	Postal Code:					
E-mail:							
Emergency Co	ntact Name: Emer	rgency Contact Number: ()					
How did you he	ear about inlingua Victoria? (website, agency, fr	riend, family member, other):					
	a Custodianship Letter? (18 and under): o Ye er is not included. Custodianship letter cost (if applicable) \$125.	es o No					
Agency Info	ermation (if applicable)						
Agency :	Agency Co	ontact Name:					
Agency Contac	t Email:						
Design You	r Program (July 2nd to August 16th,	2019)					
English Youth	Start Date: (Year/Month/Day): End Date: (Year/Month/Day):						
Camp	Number of Weeks:						
Do you require	Homestay? o Yes o No *If Yes please complete the Yout	th Homestay Application Form attached					
Medical Co	/erage (It is mandatory that all students have med	dical coverage throughout their studies at inlingua Victoria)					
Do you need M	edical Insurance from inlingua? o Yes o	No If no, please provide your insurance details:					
Provider:	Policy #:	Date of Coverage:					
	claration ne information I have provided is correct and ac d understood all of inlingua Victoria's policies as						
Student Signat	ure:	Date:					
	n Signature:	Date:					

YOUTH HOMESTAY APPLICATION



Student Information ————————————————————————————————————			
Family Name:	First Name:		
o Male o Female Date of birth (Year/Month/Day)/ Age:			
Nationality: E-mail:	Telephone: ()		
Emergency Contact Name:	Emergency Contact Number: ()		
Homestay includes 3 meals per day in a private i			
Accommodation Start Date (Year/Month/Day)/			
Personal Information	/ Length of Stay (weeks)		
Personality:			
o Shy o Outgoing o Organia	zed o Like to talk o Quiet		
·	endent o Like to study o Not quiet		
Family/lifestyle preferences: o Like babies o Like children o Prefer	an active family		
	young people in home o Single-parent family is ok		
Hobbies:			
What hobbies and/or interests do you have/like to do outs	side of school?		
Food Preferences:			
Describe your favourite foods:			
Describe your least favourite foods:			
Additional information to help with family placement:			
lealth Information ——————			
Do you have allergies? o Yes o No If yes, plead Do you have any ongoing health concerns? o Yes	ase describe:		
If yes, please describe:			
Do you regularly take any medication? o Yes o			
If yes, please describe:			
Flight/Arrival Information Do you need airport pick-up? o Yes o No	Do you need airport drop-off? o Yes o No		
Arrival Date:Arrival Time:	Departure Date: Departure Time:		
Airport:			
Airline and Flight no.:	Airline and Flight #:		
Student Declaration ————————————————————————————————————			
I declare that the information I have provided is correct ar			
I have read and understood all of inlingua Victoria's polici			
Student Signature:	Date:		
Parent/Guardian Signature:	Date:		

Students who are 18 and under must have a parent/guardian sign.