

UMC

SUMMER CAMP

2024



Toronto, Canada



UMCサマーキャンプ2024



アクティビティの例

2泊3日ケベック旅行	1日アクティビティ	アクティビティ
<ul style="list-style-type: none"> 🍁 フレンチカナダ オタワ・モントリオール・ケベック 	<ul style="list-style-type: none"> 🍁 トロントアイランド 🍁 ナイアガラの滝 🍁 カナダワンダーランド(遊園地) 	<ul style="list-style-type: none"> 🍁 CNタワー 🍁 リプリー水族館 🍁 セントローレンス市場 🍁 アートギャラリートロント 🍁 トロント大学 🍁 ネイサンフィリップスクエア 🍁 UMCデー(スポーツ・手芸・ゲーム) 🍁 トロントブルージェイズ野球観戦 🍁 トランポリンパーク

スケジュール例

	月曜日	火曜日	水曜日	木曜日	金曜日	土曜日
09:00 - 12:15			英語レッスン			
12:15 - 13:00			昼食			アクティビティ
13:00 - 17:00			アクティビティ			
18:00			ホームステイ			

*スケジュールは予告なく変更される事がございます。



アクティビティカレンダー

	日曜日	月曜日	火曜日	水曜日	木曜日	金曜日	土曜日		
7月			1 オリエンテーション & ミッドタウンツアー	2 スイミングプール	3 セントローレンス市場	4 CNタワー & リフリー水族館	5 トロントアイランド		
									
	自由時間	7	8 トロント大学キャンパスツアー	9 パラマウント映画館	10 カナダ文化デー	11 AGO美術館 & グラフィティアレイ	12 ウッドバインビーチ	13 ナイアガラ滝	
									
	自由時間	14	15 ネイサンフィリップスクエア & イートンショッピングモール	16 牧場遠足	17 UMC スポーツデー	18 アワードセシモニー	19 ケベックモントリオールオタワ旅行	20 ケベックモントリオールオタワ旅行	
									
ケベックモントリオールオタワ旅行	21	22 ボードゲーム	23 トランポリンパーク	24 スイミングプール	25 フルーシェイズ野球観戦	26 ハイパーク遠足	27 カナダワンダーランド遊園地		
									
8月	自由時間	28	29 ヨークデールショッピングモール	30 CNタワー & リフリー水族館	31 UMC スポーツデー	1 セントローレンス市場	2 ディステイラリー市場	3 トロントアイランド	
									
自由時間	4	5 トロント大学キャンパスツアー	6 パラマウント映画館	7 UMC スポーツデー	8 AGO美術館 & グラフィティアレイ	9 アワードセシモニー & ウッドバインビーチ	10 ナイアガラ滝		
									

*All activities are subject to change without notice.

APPLICATION FORM

APPLICATION CHECKLIST:

- Application Form (本申込用紙)
- Homestay Application (ホームステイ申込用紙)
- Application Fee CAD \$350 (non-refundable) (申込料金\$350・返金対象外)
- A Copy of Student's Passport (パスポートコピー)

UMC Toronto Campus

150 Eglinton Ave. E TEL: +1 (416) 546-7250
7th Floor, ON M4P 1E8 Email: studentrecords.toronto@umcollege.net

STUDENT INFORMATION (PLEASE PRINT CLEARLY)

Last Name	First Name	Middle Name	Nationality
<input type="text"/>			
Gender	Date of Birth (mm/dd/yyyy)	Phone Number	Email Address
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	City/Province, Country		Postal Code
<input type="text"/>			
Emergency Contact Name	Relationship to Student	Emergency Contact Phone Number	Emergency Contact Email Address
<input type="text"/>			

PARENTS INFORMATION (PLEASE PRINT CLEARLY)

	PARENT/GUARDIAN 1	Relationship	PARENT/GUARDIAN 2	Relationship
Full name	<input type="text"/>		<input type="text"/>	
Home Address	<input type="text"/>		<input type="text"/>	
Phone Number	<input type="text"/>		<input type="text"/>	

MEDICAL INFORMATION

Does your child have any medical or behavioral conditions that we should be aware of? NO YES

If yes, please take a moment to explain (include any allergies including to any medication) :

MEDICAL EMERGENCIES

In the event of an accident, injury or illness involving the registrant, and immediate contact by the UMC with a designated contact cannot be made, I hereby authorize and grant permission to UMC staff to secure proper medical treatment and authorize on the registrant's behalf all procedures, including, without limitation, admission to an emergency unit, hospital and treatment therein, ordering of x-rays, tests or treatment, injections, anesthesia and/or surgery, as deemed necessary by the attending medical professional(s). I agree not to hold the UMC responsible for any costs or injury arising out of an emergency situation.

Signature of Student	Date (mm/dd/yyyy)	Signature of Parent	Date (mm/dd/yyyy)
<input type="text"/>			

PHOTO/VIDEO CONSENT AND RELEASE FORM

By signing below I declare that I understand and accept that UMC may take photographs and/or video recordings of UMC based activities or events which may include images of myself and which may be used by UMC for its own informational, promotional or advertising purposes in digital and/or print media or by Authorized Third Parties in accordance with arrangements agreed upon by UMC and the Third Party.

Signature of Student	Date (mm/dd/yyyy)	Signature of Parent	Date (mm/dd/yyyy)
<input type="text"/>			

PROGRAM INFORMATION

DURATION (No. of Weeks)		START DATE (mm/dd/yyyy)	
PROGRAM OPTIONS	<input type="checkbox"/> FULL SUMMER CAMP	<input type="checkbox"/> ONLY ACTIVITIES	<input type="checkbox"/> SELF HOMESTAY ARRANGE AND PICK UP SERVICE
ESL Classes	🇨🇦	-	🇨🇦
Camp Certificate	🇨🇦	🇨🇦	🇨🇦
Daily Excursions Including Full Day Trips	🇨🇦	🇨🇦	🇨🇦
Homestay (3 meals a day)	🇨🇦	🇨🇦	-
Airport Transfers (Pick up & Drop off)	🇨🇦	🇨🇦	-
Health Insurance	🇨🇦	🇨🇦	🇨🇦
Presto Card (TTC Transportation)	🇨🇦	🇨🇦	🇨🇦
Custodianship Letter	🇨🇦	🇨🇦	🇨🇦
French Canada Trip	🇨🇦	🇨🇦	🇨🇦
EXTRA SERVICE	Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)	No. of Days
Homestay			
Insurance			

TERMS AND CONDITIONS

In the event of accident, injury or illness involving the registrant and when immediate contact cannot be made by UMC with a designated Emergency Contact, I hereby authorize UMC staff to secure medical treatment for the registrant and grant permission to UMC staff to authorize on behalf of the registrant any procedure or medical action including calling an ambulance, admission to an emergency unit, hospital treatment, surgery, administering of anesthesia, x-rays, injections or any other treatment, without limit, deemed necessary by a medical professional. I agree not to hold UMC responsible for any costs or injury arising out of an emergency situation.

CONFIRMATION, PAYMENT, CANCELLATIONS AND REFUNDS

Full payment should be made by May 1st, 2024. If full payment is not received prior to the program start date, the UMC reserves the right to cancel the registration without notice, and cancellation charges will be applied. Requests for cancellations must be made in writing and submitted to the UMC at admin@umcollege.ca. Cancellation requests received at least before May 1st, 2024 the start of camp will receive a refund minus an administration fee of CAD\$350. Cancellation requests received after May 1st, 2024 notice are subject to an administration fee of 50% of the total fee. Cancellation requests that are received after June 1st, 2024 will not qualify for a refund. A doctor's note is required for cancellations due to medical reasons. Refunds are not granted for inclement weather. I have read and understand the Cancellation and Refund Statement. In the case of Visa refusal or Denial of study permit, UMC will retain non-refundable Application Fee \$350.

Signature of Student	Date (mm/dd/yyyy)	Signature of Parent	Date (mm/dd/yyyy)

APPLICATION DECLARATION

Please read the following before signing:

1. I declare that the information I have provided is complete and correct.
2. I agree to abide by the rules and regulations determined by UMC.
3. I understand that acceptance of this application in no way guarantees admission to the selected program and that admission to the program is contingent on availability.
4. I understand and agree that UMC reserves the right to modify or cancel any program without notice or prejudice.

Signature of Student or Parents if Student is under 18	Date (mm/dd/yyyy)

AGENCY	AGENT	TEL	EMAIL



UMC Toronto

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