



Please read our terms and conditions before completing this form. Write clearly in BLOCK CAPITALS and use black ink. Please post this form to us. Photocopies are acceptable. Please photocopy for your own records.

**Host family [ ] Residence [ ]**

Child's full family name(s) .....

Child's first name(s): .....

Male  Female  Date of birth (day/month/year): .....

Nationality: First language: .....

Child's mobile number: .....

Correspondence address: .....

City: Country: Post/zip code: .....

**Visa information**

Type of visa: None  Child Visitor  Other  please specify: .....

Passport number: Expiry date: .....

**Course Information**

Course: .....

Location: .....

Dates: .....

**Medical and welfare**

The following section MUST be completed and FULL details provided in order to ensure your child receives all necessary care/medication during their stay.

	YES	NO
1) Has your child ever suffered from a serious medical condition? Details: .....	[ ]	[ ]
2) Has your child had a serious illness/condition/surgery within the last 12 months? Details: .....	[ ]	[ ]
3) Does your child have any psychological/physical developmental difficulties? Details: .....	[ ]	[ ]
4) Does your child suffer from asthma or a cardiac condition? Details: .....	[ ]	[ ]
5) Has your child had a tetanus vaccination? If yes, which year? .....	[ ]	[ ]
6) Is your child undergoing a course of medical treatment? Details: .....	[ ]	[ ]
7) Does your child have any allergies or is there any food they cannot eat? Details: .....	[ ]	[ ]
8) Will your child bring any medicines with them? .....	[ ]	[ ]
<b>If yes, the following information MUST be provided separately: medical condition, name of medication, dosage, time and frequency of treatment, doctor's prescription.</b>		
9) Do you consent to your child being given non-prescription medication? Details: .....	[ ]	[ ]
10) Is there any other information that EGA should be aware of? Details: .....	[ ]	[ ]

**Parent / guardian information**

Title and full name: .....

Parent's names: M ..... F .....

Profession: M ..... F .....

Brothers: Number [ ] Ages: .....

Sisters: Number [ ] Ages: .....

Tel. No. ....

Mobile .....

Address: .....

Email: .....

Emergency contact number (mobile preferred) .....

**Student Information**

School Name & Course: .....

Level of English: .....

Certificates: .....

Hobbies and Sports: .....

Describe yourself: .....

Is this your first time abroad or taking this type of course: [ ] Yes [ ] No

Where? .....

How long was the course? .....

Has your child been in an EGA course before? Yes [ ] No [ ] If yes, which year? .....

How did you hear about EGA?

Agent [ ] Teacher [ ]

Website [ ] Family/Friend [ ]

Advertisement [ ]

**Parent / guardian authorisation**

The following section **MUST** be completed. Booking cannot be accepted without authorisation.

- All of the information supplied is correct.
- I accept EGA's terms and conditions for young learner courses.
- I accept EGA's course rules for young learners.
- I give permission for my child to participate in all activities.
- I authorise EGA to look after my child's welfare while he/she is on the course(s) and authorise qualified staff to safely administer any medications that my child brings to the course(s), as per the prescription provided.
- I give my consent for a doctor to give any medical treatment considered necessary.

Signature Parents:

.....

Date: .....

Signature Student:

.....

Date: .....

Notes:

**Fees and Payment**

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Child's full family name(s):

.....

Child's first name(s):

.....

**How will pay your fees?**

I wish to pay the total now [ ]

Or I wish to pay a non-refundable deposit of 200,00 € now and the balance of fees 30 days before my course begins [ ]

**Payment Information**

All payments must be in EURO

Bank Transfer:

Reference: F.P.M.  
EGA-INTERNATIONAL  
Bank: AIB BANK  
Address: 25 Main Street,  
Killarney  
Co. Kerry  
Ireland  
IBAN: IE72 AIBK 936332 40353017  
BIC/Swift: AIBKIE2D

**Ega is not responsible for your bank charges, Please inform your bank that you will pay all bank transfer charges. You must pay in the currency indicated on your invoice. A copy of the bank transfer documents must be included with this form. Please quote the student's first name, family name and course.**