



The Olin Center  
2008 Application Form  
Kids Summer Language & Culture Program

**Student Information** (Please Print Clearly)

Surname Name \_\_\_\_\_ First Name \_\_\_\_\_ Male  Female

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Country of birth \_\_\_\_\_ Nationality \_\_\_\_\_  
Month Day Year

Where did you hear about our program? \_\_\_\_\_

**Registration Deadline** - You must register at least one month prior to session start date for kids program. Late registration may be accepted on space available basis.

**Session Start Dates:** Sessions begin every Monday starting July 7. Program ends on August 15.

**Session Registration (please select one)**

**Kids Program** (ages 9-13) Session start date \_\_\_\_\_

- 2 weeks
- 3 weeks
- 4 weeks
- 6 weeks

**English Level**

**Beginner- Low Intermediate**

**High Intermediate- Advanced**

Address in the US \_\_\_\_\_  
(if available) Street City State Zip Code

**Family Information** (Please Print Clearly)

Father \_\_\_\_\_ name occupation Mother \_\_\_\_\_ name occupation

Home Address \_\_\_\_\_ street city country

Home Telephone \_\_\_\_\_ country code city code phone number Mobile Telephone \_\_\_\_\_

Fax \_\_\_\_\_ Country code city code phone number E-mail (parent) \_\_\_\_\_

**Medical Information**

Do you have any allergies? No  Yes  If so, to what? \_\_\_\_\_

Do you need medication on a regular basis? No  Yes  For what? \_\_\_\_\_

Is there any reason why you may not participate fully in all activities? No  Yes  Reason \_\_\_\_\_

Parents Signature \_\_\_\_\_ Date \_\_\_\_\_

**Medical Release – signature required:** I hereby authorize the Center's staff to take whatever measures they consider necessary in obtaining emergency medical, or any other treatment for my son or daughter.

**Permission for activities - signature required**

I \_\_\_\_\_ give the Olin Center the permission to have my \_\_\_\_\_ accompany Olin Center's  
name of parent name of son or daughter

staff and students on field trips. The Olin Center staff and students will be traveling by foot, train, bus, boat, car or van to their destination.

Parent's or Guardian's signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## Payment and Credit Information

### Method of Payment

1. Enclosed please find my check or money order of USD\$ \_\_\_\_\_ payable to The Olin Center.  
*All checks must have name imprinted by the bank on the check (no starter checks).*
2. Please charge my  Visa  MasterCard the amount of \$ \_\_\_\_\_  
Card number \_\_\_\_\_ Expiration date \_\_\_\_\_ Security code \_\_\_\_\_  
Credit card billing address \_\_\_\_\_  
\_\_\_\_\_  
Cardholder name (please print) Signature

### The Olin Center will refund your full tuition or issue you a credit:

1. In the event of a cancellation, you must notify the Olin Center via email to caroline@olinceneter.com or via fax to 617-247-2959. All cancellation requests must be received 1 week prior to session start date to receive any partial refunds (payments made to date minus non refundable tuition deposit of \$200). No refunds will be issued if cancellation deadline is not met.
2. There is no compensation made for instruction lost because of holidays, emergencies, bad weather or instructor illness occurring during the session. In case of instructor illness, we make every effort to make up classes. Program scheduled events maybe changed or canceled due to bad weather or other circumstances beyond our control.

Please note: When submitting balances to the Olin Center via wire transfer, please submit \$25 extra funds to cover any service charges made by your bank or any intermediary banks.

### Other policies:

I understand that the Olin Center reserves the right to dismiss a student when in the directors' judgment, that student's behavior interferes with the rights of others, with the smooth functioning of a group or activity, violates the Olin Center's principles of conduct, or if the student has special needs not fully brought to the attention of the Olin Center at the time of registration. I also understand that if the student is not picked up within 10 minutes of dismissal time set by the school, I will be charged a \$25 late pickup fee each time.

***I have read, and consent to, the policies outlined above:***

\_\_\_\_\_  
**Parent's signature**

\_\_\_\_\_  
**Date**

## Mailing Instruction

Please send complete application form with full payment by fax to 617-247-2959 or by mail to:

**The Olin Center  
729 Boylston Street  
Boston, MA 02116 USA**

If you have any questions, please feel free to contact us by email at info@olinceneter.com or by fax at 617-247-2959, or by phone at 617-247-3033.