



STORIES OF VANCOUVER 2010 PROGRAM DETAILS

Student Age: 13-17 (as of July 3, 2010)

Program Dates: July 3 – 24, 2010 (leaving HK on July 3 and arriving HK on July 25 for a full 3-week program)

Program Fee: HK\$21,500

(This amount INCLUDES Vancouver International Airport transfer services, English classes, homestay with three meals a day, local transportation and excursions (if applicable). The program fee DOES NOT INCLUDE airfare, insurance (Pui Ying College will assist the parents in procuring both) and personal expenses.

CONTACT: MR. HUDSON SOO

Tel. 9096-3899

Email. ysoo@hkcccc.org

Information Sessions

January 22, 2010 at 6:45 pm: Shatin Pui Ying College Wo Che Estate, Shatin, New Territories

January 23, 2010 at 2:00 pm: Pui Ying Secondary School 55 Wah Fu Road, Pokfulam, Hong Kong

January 30, 2010 at 2:30 pm: Morrison Memorial Centre 3/F 191 Prince Edward West, Kowloon

Requirements Checklist

- All FOUR (4) pages of the application form completed
- Recent photograph of the Student attached to page 1 of the application form
- Photocopy of the page in the passport that shows the Student's name, passport number and expiration date
- Photocopy of the Student's HKID (if applicable)
- Program Fee (please see below for installment options)
- Class teacher's written recommendation

PAYMENT DETAILS

Registration Fee (Non-refundable)	HK\$1,500 on or before Feb. 12, 2010	<input type="checkbox"/> Cheque	Cheque Number:	<input type="checkbox"/> Cash	Received By:
First Installment	HK\$10,000 on or before Feb. 12, 2010	<input type="checkbox"/> Cheque	Cheque Number:	<input type="checkbox"/> Cash	Received By:
Second Installment	HK\$10,000 on or before Mar. 31, 2010	<input type="checkbox"/> Cheque	Cheque Number:	<input type="checkbox"/> Cash	Received By:
Airfare and Insurance	Price as quoted	<input type="checkbox"/> Cheque	Cheque Number:	<input type="checkbox"/> Cash	Received By:

Cheques

Please have cheques payable to **The Pui Ying Middle School of Hong Kong** and mail to:
The Principal, Pui Ying Secondary School, 55 Wah Fu Road, Pokfulam, Hong Kong

Please indicate on the back of the cheque the following information:

SOV / Name of School / Student's Name / Class and number/ Home Phone Number
e.g. SOV / xx College / Alice Lee / Form 2 (12) / 1234-5678

REFUND POLICY

For a refund, a parent or guardian written notice of withdrawal to Pui Ying Secondary School must be submitted: (registration fee is non-refundable)

On or before February 28, 2010: Refund: 50% of 1st Installment

After March 30, 2010: Refund: 0% of 1st installment, 50% of 2nd installment

After April 30, 2010: NO REFUND

Air fare and Insurance: Pay in full as billed and no refund for both.

Pui Ying Secondary School (Hong Kong) reserves the right to cancel the program due to insufficient enrollment and if plane tickets are not available. Students will be informed and will receive full refund of payment due to such cancellation.

Students should possess a valid passport, which shall not expire before December 31, 2010. If a Canadian Visa is needed, but denied, a full refund less the registration fee, will be made upon receipt of a letter from the Embassy.

STUDENT INFORMATION				
Legal English Name: (As appears on passport)		Chinese Name:	Recent photo of the Student:	
Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Age: As of July 3, 2010	Date of Birth: MM/DD/YYYY		Nationality:
Address of Permanent Residence:		Home Phone: (Please include country code)		
		Cellular Phone: (Please include country code) Will you bring a cellular phone to Vancouver to use during the program? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Email: (If any)				
Passport Number: (If applicable)	Expiry Date: MM/DD/YYYY	Place of Issue:	HKID Number: (If applicable)	
Current School:			Form / Grade:	
Most recent English language class exam mark:		Name used in English Class:		

EMERGENCY CONTACT INFORMATION	
Name: (Surname) (Given name)	Contact Address (if different from Student's):
Relationship with Student: (Please specify)	
Home Phone: (Please include country code) <input type="checkbox"/> Same as Student	
Emergency Contact Phone Number: (Please include country code)	

EMERGENCY CONTACT PERSON'S INFORMATION IN VANCOUVER (IF ANY)	
Name: (Surname) (Given name)	Address of Permanent Residence:
Relationship with Student: (Please specify)	
Home Phone: (Please include country code)	
Emergency Contact Phone Number: (Please include country code)	

MEDICAL INFORMATION
Does the Student have any of the following medical conditions, which may require special attention? <input type="checkbox"/> Severe asthma <input type="checkbox"/> Life-threatening allergy <input type="checkbox"/> Seizure-disorder/epilepsy <input type="checkbox"/> Diabetes <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Hepatitis <input type="checkbox"/> Others: (Please specify) _____
Is the Student taking any medication? <input type="checkbox"/> No <input type="checkbox"/> Yes: (Please specify)
Does the Student have any allergies (e.g. animal hair, sea food, etc.)? <input type="checkbox"/> No <input type="checkbox"/> Yes: (Please specify)
Does the Student have any special dietary requirements (e.g. lactose intolerance, etc.)? <input type="checkbox"/> No <input type="checkbox"/> Yes: (Please specify)

T-SHIRT SIZE (STUDENTS WILL BE GIVEN CAMP T-SHIRTS TO BE WORN DURING EXCURSIONS)	
Approximate Length of T-shirt in inches:	Approximate Shoulder Width of T-shirt in inches:

INTERESTS AND HOBBIES
Please select all interests and hobbies: <input type="checkbox"/> Arts <input type="checkbox"/> Badminton <input type="checkbox"/> Baseball <input type="checkbox"/> Basketball <input type="checkbox"/> Camping <input type="checkbox"/> Chess <input type="checkbox"/> Computers <input type="checkbox"/> Dance <input type="checkbox"/> Drawing <input type="checkbox"/> Fishing <input type="checkbox"/> Golf <input type="checkbox"/> Gymnastics <input type="checkbox"/> Hiking <input type="checkbox"/> Ice Skating <input type="checkbox"/> Jogging <input type="checkbox"/> Karaoke <input type="checkbox"/> Martial Arts <input type="checkbox"/> Movies <input type="checkbox"/> Painting <input type="checkbox"/> Piano <input type="checkbox"/> Skateboarding <input type="checkbox"/> Swimming <input type="checkbox"/> Tennis <input type="checkbox"/> Theatre <input type="checkbox"/> Travelling <input type="checkbox"/> Volleyball <input type="checkbox"/> Yoga <input type="checkbox"/> Other:
How well can you ride a bicycle? <input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Beginner <input type="checkbox"/> Not at all

HOMESTAY PREFERENCES (SUBJECT TO HOMESTAY AVAILABILITY)**Room Preferences:**

- Single Placement (Option only available for students over the age of 16)
 Double placement (Place in a separate room in the same homestay with another student)
 If Student wishes to stay with a friend/schoolmate/classmate, please indicate his/her information below:

Name: (Surname) (Given name)**Age:** As of July 3, 2010**School Name:****Homestay Family Preference:**

- No preference
 No children
 Teens only
 Young children only

Pet Preference:

- No preference
 Dogs only
 Cats only
 No pets. Why:

Are special meals required?

- No
 Vegetarian
 Halal
 Other:
 (Please specify)

AUTHORIZATION FOR TRAVELING OUTSIDE OF CLASS TIME (BETWEEN JULY 3 – 24, 2010)**Is the Student planning to travel within Greater Vancouver British Columbia with relatives and/or family friends on weekends or after school?**

- No Yes (Please complete in the following information)

By signing below, I _____ fully understand that the College
(Full legal name of Parent/Legal Guardian in the "Authorization for Student" section)
 will not be held responsible for the Student _____ when he/she travels outside
(Full legal name of Student)
 of class time and waive the College from all claims for injury, damage, or loss to the Student and his/her property.

Signature of Parent or Legal Guardian:**Date:** MM/DD/YYYY**Legal Name of Relative/Friend in Vancouver:**

(Surname) (Given name)

Home Phone:
(Please include area code)**Cellular Phone:**
(Please include area code)**Relationship:** (Please specify)**Contact Address of Relative/Friend:****Government Issued ID Number (e.g. driver's license, etc.):****AUTHORIZATION FOR EXTENDED STAY (AFTER JULY 24, 2010)****Is the Student planning to stay in Vancouver beyond the duration of the Program?**

- No Yes (Please complete in the following information)

A guardian in Vancouver will pick up the Student at Pui Ying College on July 24, 2010. Please note that the guardian in Vancouver must present a government issued ID to pick up the Student.

By signing below, I _____ fully understand that the College
(Full legal name of Parent/Legal Guardian in the "Authorization for Student" section)
 will not be held responsible for the Student _____
(Full legal name of Student)
 after he/she is released to the guardian in Vancouver indicated below.

Signature of Parent or Legal Guardian:**Date:** MM/DD/YYYY**Legal Name of Guardian in Vancouver:**

(Surname) (Given name)

Home Phone:
(Please include area code)**Cellular Phone:**
(Please include area code)**Relationship:** (Please specify)**Permanent Address of Guardian in Vancouver:****Government Issued ID Number:**

RULES AND REGULATIONS

All students are expected to use English during the course of the program at all times to show respect to fellow students, program staff and host family.

All students must abide by the schedule and programs arranged by Pui Ying College. Permission to be absent will ONLY be granted by our staff in case of sickness, injury, or acceptable personal reasons.

Illegal substances, alcohol, gambling, and weapons are NOT permitted under any circumstances.

Student committing any act or behavior that jeopardizes the safety and well-being of other students and/or staff will NOT be tolerated. Pui Ying College reserves the right to suspend or dismiss a student from the program activities without any refund in extreme cases of infraction. Depending on the severity of the infraction, the student will be given warnings and different consequences at the administration's discretion.

All students must inform the College when traveling outside of class time. The College will not be held responsible for the Student when he/she travels outside of class time.

AUTHORIZATION FOR STUDENT

I acknowledge all information given in this document is accurate to the best of my knowledge.

In permitting my child to attend Pui Ying College's English Immersion & Cultural Exploration Program – Stories of Vancouver 2010, I, the undersigned, permit my child to participate in the full range of activities and authorize Pui Ying College's Program Coordinator or his/her appointees, in the event of accident or illness affecting my child, to authorize on my behalf all procedures, including admission to hospital and necessary treatment therein, as he/she may deem necessary for the care and well-being of my child.

My child agrees to follow Pui Ying College's "Rules and Regulations" section as stated above. Failure to do so may result in dismissal without refund.

In consideration of Pui Ying College (the "College") accepting my child (the "Student") to participate as student in *Stories of Vancouver - English Immersion & Cultural Exploration Program* (the "Program") to be held in the Province of British Columbia, Canada, I, the parent or legal guardian of the said Student, waive all claims for injury, damage, or loss to the Student and property that may be caused by any act, or failure to act of the College, its officers, agents, employees, or the host family. I assume the risk of all conditions in and about the Program and waive any and all specific notice of existence of such conditions.

By signing below, I confirm that I have read, understood, and agreed the above statements.

Name of Parent or Legal Guardian:

(Surname) (Given name)

Home Phone:

(Please include country code)

 Same as Student**Cellular Phone:**

(Please include country code)

Relationship: (Please specify)**Address of Permanent Residence:** Same as Student**Signature:****Date:** MM/DD/YYYY**Name of Parent or Legal Guardian:**

(Surname) (Given name)

Home Phone:

(Please include country code)

 Same as Student**Cellular Phone:**

(Please include country code)

Relationship: (Please specify)**Address of Permanent Residence:** Same as Student**Signature:****Date:** MM/DD/YYYY

Presented By:



PUI YING COLLEGE
Operated by Pui Ying Christian Services Society,
a registered non-profit organization in Canada
www.puiying.org



中華基督教會香港區會
**THE HONG KONG COUNCIL OF
THE CHURCH OF CHRIST IN CHINA**

#101-8580 Cambie Road
Richmond, B.C
Canada V6X 4J8
T. 1.604.821.1262 F.1. 604.821.1269
Hong Kong Direct Line. 3594.3825

STORIES OF VANCOUVER 2010
Consent Form for the Use of Photos and Audio-Video Recordings

I, the parent or legal guardian of _____, agree / disagree with the use of all photos and
audio-video recording taken for the above-mentioned person during the time of Stories of Vancouver (July 2 to 24, 2010),
for future promotional and/or educational purposes.

Signatures

Parent or Legal Guardian: _____

Date: _____