

Individual Enrolment Form

Bayswater Summer



1. Centre

Brighton	<input type="checkbox"/>	Bournemouth	<input type="checkbox"/>	London	<input type="checkbox"/>
Cape Town	<input type="checkbox"/>	Toronto	<input type="checkbox"/>	Cyprus	<input type="checkbox"/>
Paris	<input type="checkbox"/>				

2. Your course

Course Name:					
Start Date <small>DD/MM/YYYY</small>		End Date <small>DD/MM/YYYY</small>			
Homestay	<input type="checkbox"/>	Residence	<input type="checkbox"/>		
Day Camp	<input type="checkbox"/>	Lessons only	<input type="checkbox"/>		

3. Student Information

Family Name:					
First Name:					
Date of Birth	DD:	MM:	YYYY:		
Male	<input type="checkbox"/>	Female	<input type="checkbox"/>		
Passport Number:					
Address Line 1:					
Address Line 2:					
City:					
Country:					

4. Next of Kin Contact

Family Name:					
First Name:					
Relationship:					
Email address:					
Phone number:					
Address Line 1:					
Address Line 2:					
City:					
Country:					

5. Emergency Contact (if different from Next of Kin)

Family Name:					
First Name:					
Relationship:					
Email address:					
Phone number:					
Address Line 1:					
Address Line 2:					
City:					
Country:					

6. Local Guardian (if organising own accommodation)

Family Name:					
First Name:					
Relationship:					
Email address:					
Phone number:					
Address Line 1:					
Address Line 2:					
City:					
Zip Code:					
Country:					

7. Accommodation preferences (Homestay only)

Do you like pets?					
Accommodation start date					
*Please note that room preferences cannot be guaranteed					

8. Medical Notes

Please list any dietary requirements you have					
Please list any medical conditions you have					
Please list any allergies you have					
Please list any disabilities / special educational needs					

9. Flight Information

Arrival Date <small>DD/MM/YYYY</small>					
Arrival Time					
Arrival Airport					
Arrival Terminal					
Arrival Flight Number					
Departure Date <small>DD/MM/YYYY</small>					
Departure Time					
Departure Airport					
Departure Terminal					
Departure Flight Number					
Transfers Required?					
Arrival only	<input type="checkbox"/>	Departure only	<input type="checkbox"/>	Both ways	<input type="checkbox"/>
Unaccompanied minor service required?					

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10. Agent Representation Confirmation

Name of agency (if applicable):
Phone number of agency:
Email address of agency:
Name of main contact at agency:

11. Declarations **(Please note: this section must be completed and signed by the student's parent or legal guardian)**

I confirm that I am the parent or legal guardian of this student	<input type="checkbox"/>
I confirm that I give consent for this student to attend a Bayswater Summer Camp	<input type="checkbox"/>
I confirm that I give consent for this student to be photographed and that photos can be used for marketing purposes of Bayswater	<input type="checkbox"/>
I confirm that this student has adequate insurance to travel and to attend this Summer Camp	<input type="checkbox"/>
I confirm that I have read and I accept the Terms and Conditions	<input type="checkbox"/>

Full name:	Signature:
Parent <input type="checkbox"/>	Legal guardian <input type="checkbox"/>

Terms and Conditions

<https://www.bayswater.ac/en/terms-and-conditions>