

REGISTRATION FORM Non-Bursary Student SPRING AND SUMMER 2022

(BY COMPLETING THIS FORM AND SENDING YOUR DEPOSIT, YOU ARE
AUTOMATICALLY ENROLLED)

Spring session

Summer session

Last Name _____		First Name _____		Sex: F <input type="checkbox"/> M <input type="checkbox"/> Other <input type="checkbox"/>
Current Address: _____		Date of birth _____		
Number	Street	YYYY	MM	DD
City _____	Province or State _____	Postal or Zip Code _____	Country _____	
Phone: (_____) _____				
Area Code	Number			
Cell phone: (_____) _____				
Area Code	Number			
Until what date can we get in touch with you at this address?		YYYY	MM	DD
Citizenship _____	Email _____ (please print)			

1. PERMANENT ADDRESS, IF DIFFERENT FROM THE ABOVE (where your transcript will be sent)

Number _____	Street _____	City _____	Country _____
Province or State _____	Postal Code _____	Phone: (_____) _____	Area Code _____ Number _____

2. PERSON TO CONTACT IN CASE OF EMERGENCY

Name _____	Relationship _____
Phone: (_____) _____	Cell phone (_____) _____
Area Code _____ Number _____	Area Code _____ Number _____

3. ARE YOU a student a teacher School/University: _____
 other Occupation: _____

See next page →

4. PLEASE CHECK (✓) THE SESSION YOU WANT TO ATTEND.

SPRING SESSION

18+ year-olds only

5 weeks: May 16 to June 17

SUMMER SESSION

16- to 17-year-olds

5 weeks: June 27 to July 28

5. FEES

Tuition, accommodation and meals:	\$2,800.00
Excursion to Quebec City and Whale-watching cruise	included
Quebec City Airport Shuttle (round trip)	included

Total \$ ___ 2800__

If you have already sent your CAD \$100 deposit, the balance payment is CAD \$2,700. Payment must be made either by certified cheque, money order (to the order of Cégep de Rivière-du-Loup) or by credit card over the phone.

Personal cheques are not accepted.

- I enclose a certified cheque payable to Cégep de Rivière-du-Loup for my fees, or
- You will receive my fees by April 12 for the spring session, or
- You will receive my fees by May 30 for the summer session, or
- I have already paid my fees by credit card.

Signature: _____

Date: _____
YYYY MM DD

OFFICE USE ONLY

- Printemps
- Été

1er V: _____

IMPORTANT

Email this form or
Mail this form to:
L'École de français
Cégep de Rivière-du-Loup
80, rue Frontenac
Rivière-du-Loup (QC) G5R 1R1
CANADA

IMPORTANT

Mail this declaration to:
École de français / Cégep de Rivière-du-Loup
80, rue Frontenac
Rivière-du-Loup (QC) G5R 1R1 CANADA
OR email it to ecoledefrancais@cegeprdl.ca

 Spring Term Summer Term**2022 SPRING AND SUMMER TERMS****ACCEPTANCE OF RULES AND REGULATIONS**

I understand and agree to abide by the following program requirements:

1. **Speak French at all times.**
2. **Attend** and participate in all classes and workshops.
3. **Participate** actively in sociocultural and sport activities.
4. Show a **respectful and positive attitude** towards all staff and students
5. Respect the host family's way of life (spring term students).
6. Respect the evening curfew for all students less than 18 years of age (summer term).

Consequently, I understand that any of the following would constitute sufficient cause for immediate dismissal from the program at my own expense:

- **Refusing to speak or to make an effort to speak French at all times.**
- Deliberately missing classes and other mandatory activities.
- Being consistently late for class or workshops.
- Showing a negative attitude and a lack of respect towards staff or students.
- Using alcohol on the premises.
- Possessing and using non-medicinal drugs.
- Disrespecting the host family's way of life.
- Disrespecting the residence evening curfew.

I, UNDERSIGNED, ACCEPT TO RESPECT THE AFOREMENTIONED RULES.

_____ Student's last name	_____ First name	
_____ Student's signature	DATE: _____ YYYY MM DD	
IMPORTANT: Parent's or tutor's signature is required for minor students (less than 18)		
_____ Parent's or tutor's last name	_____ First name	
_____ Parent's or tutor's signature	DATE: _____ YYYY MM DD	
<input type="checkbox"/> Parent # 1	<input type="checkbox"/> Parent # 2	<input type="checkbox"/> TUTOR

IMPORTANT
Mail this declaration to:
École de français / Cégep de Rivière-du-Loup
80, rue Frontenac
Rivière-du-Loup (QC) G5R 1R1 CANADA
OR email it to ecoledefrancais@cegeprdl.ca

Spring Term

Summer Term

Spring and Summer 2022

**TO BE FILLED IN AND SIGNED
BY ALL MAJOR STUDENTS OR PARENTS OF MINOR STUDENTS**

NON-RESPONSIBILITY DECLARATION

I, the undersigned, legally authorized to sign this document on my behalf or on behalf of my minor child, hereby exonerate L'ÉCOLE DE FRANÇAIS du Cégep de Rivière-du-Loup and LE CÉGEP DE RIVIÈRE-DU-LOUP (the schools), their employees or agents, or any other person acting on behalf of the schools, of all responsibility in case of material damage.

I also accept that this contract is subject only to laws of the Province of Québec.

IMPORTANT: The French version of this contract will prevail for all purposes including interpretation and application.

**DÉCLARATION
DE NON-RESPONSABILITÉ**

Je, soussigné, dûment autorisé aux fins des présentes, agissant personnellement ou pour mon enfant mineur, dégage L'ÉCOLE DE FRANÇAIS du Cégep de Rivière-du-Loup et le CÉGEP DE RIVIÈRE-DU-LOUP, leurs employés, mandataires ou représentants de toute responsabilité pouvant leur incomber en cas de dommage matériel et ce, pour quelque cause que ce soit.

Je, soussigné, consens expressément à ce que les lois de la Province de Québec soient les seules lois applicables au présent contrat, pour quelque fin que ce soit.

De plus, pour les fins du présent contrat, de son interprétation et pour toute autre fin, le seul texte français prévaut entre les parties.

MAJOR STUDENT (18 YEARS OLD AND OLDER)

Student's last name

Student's first name

Student signature

DATE: _____
YYYY MM DD

MINOR STUDENT (LESS THAN 18 YEARS OLD)

Student's last name

Student's first name

Parent's or tutor's last name

Parent's or tutor's first name

Parent or tutor signature

DATE: _____
YYYY MM DD

Parent #1

Parent # 2

TUTOR (TUTEUR)