



**Study Abroad  
Medical History Form**

Name:

Primary Insurance Company:          Policy #:

Food Restrictions/Special food requirements:

Allergies:    Yes        No        Explain:

Medications: Yes        No        Explain:

Relevant Medical History (Injuries, Disease, etc):

(Prior conditions must be declared and waived for students to obtain health coverage.)

# INSTITUTO DE CULTURA Y LENGUA COSTARRICENSE

(Spanish Language School in Alajuela)

## Enrollment Form

Last name:

First Name:

Male:  Female:

Occupation:

Date your program starts (programs begin on Mondays): June 28, 2010

Date of birth:

Age:

Marital Status:

Address:

State:

Country: United States

Zip Code:

Telephone:

E-mail address:

Name, address, and telephone number of person to contact in the case of an emergency:

1. **Language Program:** 4 weeks  2 weeks   
3 weeks  1 weeks

2. **Are you attending one of our special programs (e.g. a conference, volunteer program)?:**  
yes:  no:

Spanish Level: Beginner  Intermediate  Advanced  Superior

How did you learn about the Institute?

What do you expect from the program you've chosen?

Observed holidays. Local holidays are to be observed accordingly and no work is required to be performed on these days: New Year's Day (January 1<sup>st</sup>); Juan Santamaria's Day - Costa Rican National Hero (April 11<sup>th</sup>); **Holy Week (for 2009: from Monday April 5<sup>th</sup> through Sunday April 12<sup>th</sup>)**, Labor Day (May 1<sup>st</sup>); Annexation of Nicoya to Costa Rica (July 25<sup>th</sup>); Virgin of Los Angeles Day, honouring St. Mary, Patron Saint of Costa Rica (August 2nd); Mother's Day (August 15<sup>th</sup>); Independence Day (September 15<sup>th</sup>); Meeting Among Cultures Day (October 12<sup>th</sup>); Christmas (December 25<sup>th</sup>). There is no compensation nor refund concerning these days.

If a change of plans in regards to scheduled tours and/or cultural activities occurs, the Institute will either plan another excursion or activity of the same value or the student will be compensated with the amount corresponded to that activity. **A \$200 charge will be requested for all cancellations (or 25% if you belong to a group program). NO REFUND IS GRANTED once the course begins. Programs cannot be ALTERED or CHANGED once the student has started the classes at the Institute.**

**I have read the cancellation policy and I agree.** Should it become necessary to enforce the terms and conditions of this agreement by any means, including but not limited to arbitration, negotiation or the filing of any legal action, the prevailing party in such action shall be entitled to reasonable attorney's fees and costs. The validity, interpretation and performance of this agreement shall be controlled by and construed under the laws of Costa Rica.

# INSTITUTO DE CULTURA Y LENGUA COSTARRICENSE

## Host Family's Information Form

Last Name:

First Name:

Flight Information:

Date of arrival: June 26, 2010

Airline: Continental

Flight No.: 242 from Portland, 1499 from Houston

Time: 8:35 p.m.

Departure Date: July 11, 2010

1. Do you smoke?
  2. Do you like pets?
  3. Would you like a family with children?
  4. Do you have any dietary requirements (vegetarian, dairy-free, etc.)?
  5. Do you suffer from any types of allergies? (describe)
  6. Describe your special interests, activities or hobbies.
  7. Do you have any physical or emotional disability we should take into consideration in choosing an appropriate host family for you? (climbing stairs, etc.)
  8. Are you traveling with a companion? Yes  No
  9. If the answer to question 8 is yes, would you like you and your companion to be placed with the same host family? Yes  No
- Same Room  Separate Rooms  Single Beds  Double bed (for two)
10. If not in same house, would you like to be in the same neighborhood as companion? Yes  No
  11. If you feel there is anything else we should know in order to best place you with a compatible host family, please indicate below:

Student's (electronic) signature:

Date: