



SUMMER PROGRAM 2017

application form



LES ROCHES CHICAGO **SUMMER PROGRAM 2017**

ABOUT THE STUDENT

Mr. Mrs. Miss
 Male Female Date of Birth (DD/MM/YY) _____
Family Name _____
First Name _____
Occupation _____
Nationality _____

MAILING ADDRESS

Street _____ City _____ Zip Code _____
State _____ Country _____
Home Phone _____ Mobile Phone _____
Fax _____ Email _____

MOTHER TONGUE AND ENGLISH LEVEL

If English is not your mother tongue or if you have not spent at least 3 years in an English speaking school, please indicate the score of one of the following:

TOEFL Score: _____ Cambridge First Certificate Score: _____ Cambridge Advanced Score: _____
 IELTS Score: _____ Other: _____ Your Mother Tongue: _____

ABOUT THE PARENTS OR LEGAL GUARDIANS

Mr. Mrs. Miss
Family Name _____ First Name _____
Profession _____ Nationality _____

MAILING ADDRESS

Street _____ City _____ Zip Code _____ State _____
Country _____ Home Phone _____ Mobile Phone _____
Fax _____ Email _____

PHOTO

PLEASE SEND THIS FORM TO:

Les Roches Summer Program
The Admissions Department
Les Roches Global Hospitality
Education
CH-3975 Bluche - Switzerland

Phone: +1. 312. 752. 2100
admissions@lesroches.edu

LES ROCHES CHICAGO **SUMMER PROGRAM 2017**

EDUCATION

Name of High School / College / University _____ City _____

Country _____ Highest Qualification _____

Completion Date _____ What type of school was this (select all that apply)? Private Public/State International

PROGRAM

Please enroll me on:

Les Roches Chicago 2-week Summer Program 10-22 July 2017 (Fees: 2,900 USD)

BACHELOR DEGREE CONTINUATION

After the Summer Program, I am interested to continue onto the Bachelor of Business Administration (BBA) in International Hotel Management at Les Roches Chicago, starting in:

January/February 20_____ July/August 20_____

After the Summer Program, I am interested to continue onto the Global Bachelor Degree at Les Roches, starting in: January 2018 July 2018 January 2019

HOW DID YOU FIRST HEAR ABOUT US?

Les Roches Educational Counselor* Industry Professional* Student / Alumnus* Advertising / Article* Education Fair* Internet - Website

Your School Counselor* *Please give the name and country: _____

Other, please specify: _____

STATEMENT

I hereby declare that all information given on this form is exact and complete. I acknowledge having read and understood this document and all other pertaining documents and will abide by them.

I understand that the fees are modified once a year and I accept their revision. I hereby declare to abide by the US law in case of a dispute related to the interpretation or to the execution of my legal obligation towards Les Roches.

Date and signature of the Student:

Date and signature of the Parent/Legal Guardian:

DOCUMENTS TO INCLUDE

To complete your application, please include the following documents:

- ▶ A copy of your passport.
- ▶ If you are not a native English speaker, or if you have not spent the last 3 years in an English-taught school, a copy of your English language certificate will be required.

RULES AND CODE OF CONDUCT

Les Roches Chicago maintains a strict enforcement policy for all rules of conduct at the Summer Program. These rules are in place to protect the safety of the participants. Take note of the consequences below, these are non-negotiable.

The following rules apply to all students enrolled in Summer Program at Les Roches Chicago. Any violation of the following rules will result in the non-negotiable consequences listed below:

1st Offense: Participant will no longer be eligible for the discounted rate if they decide to enrol at Les Roches Chicago.

2nd Offense: Participant will be sent home. Refunds under these circumstances will not be permitted.

RULES OF CONDUCT

1. No smoking.
2. No consumption of alcoholic beverages.
3. All Summer Program participants are under the supervision of school counselors. If participants need to leave the school building, dormitories or the location of each activity, a counselor needs to be informed in advance.
4. Upon return of evening activities, all participants are to be in their assigned room. No exceptions. If a participant is in need of assistance, they may call one of the emergency contacts on the list provided. If an emergency contact can't be reached, see security in the main lobby, and they will contact someone for you.
5. Parents and immediate family are the only outside visitors allowed in the building.
6. All scheduled activities must be adhered to and punctuality is expected at all times.
7. Be respectful of your counselors and fellow Summer Program participants.

I, the undersigned, have read, understand and will comply with the aforementioned code of conduct. I understand and accept the rules, and the consequence for any violation. I understand these rules are for the safety of campers and will comply for the length of my stay at Les Roches Chicago.

Participant name (PLEASE PRINT)

Parent/Guardian name (PLEASE PRINT)

Participant signature

Parent/Guardian signature

Date

Date

PAYMENT AUTHORIZATION

CLIENT INFORMATION

Contact	Company		
Address	City	State	Zip
Office Phone	Cell phone		
Email	Fax number		

BILLING INFORMATION (IF DIFFERENT THAN ABOVE)

Contact	Company		
Address	City	State	Zip
Type of card: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> American Express			
Name on Credit Card	Daytime phone		
Credit Card number	Expiration date	3-digit verification code (found on back of card)	
Authorization amount	Signature	Date	

EMERGENCY CONTACT

EMERGENCY CONTACT INFORMATION

Name 1 Phone number Relationship to participant

Name 2 Phone number Relationship to participant

Do you have any food allergies and/or physical limitations? Yes No

If yes, please describe:

I, the undersigned, authorize Les Roches Chicago to occasionally photograph or videotape my child while he/ she is working in the kitchens, in classrooms or attending events. These photographs and/or videotapes will be used for promotion of Les Roches Summer Programs.

I hereby give my permission for my child to participate in the Les Roches Summer Program and the activities related thereto which are described in the paragraph above, and I agree not to make any claim, suit or demand against Les Roches for any injury or damage incurred on account of participation in the Summer Camps and related activities. By this agreement, I do hereby forever indemnify and hold harmless Les Roches Chicago, its Board of Trustees, individually or collectively, its officers, representatives, agents, attorneys, employees, assignees, and successors from any and all claims, demands, actions or causes of action including any or all costs, expenses, and attorneys' fees, arising out of or in any way connected with, directly or indirectly, my child's participation in Les Roches Chicago Summer Program.

The activities taking place during Les Roches Chicago Summer Program are described below:

- ▶ Participation in culinary skill classes, demonstrations and/or lectures
- ▶ Hands-on participation in kitchen and restaurant environments
- ▶ Culinary field trips off campus
- ▶ Day and evening activities in the city

Signature of Parent/Guardian

Date

MEDICAL RELEASE

AUTHORIZATION TO CONSENT TO TREATMENT OF A MINOR

I, as the undersigned parent/ legal guardian of _____, a minor, do hereby authorize Les Roches Chicago, or its designated representative(s), as agents for the undersigned, to consent to any and all necessary immediate medical or surgical treatment deemed advisable by any Physician or Surgeon licensed under the provisions of the Medical Practice Act.

This authorization shall remain in effect from ___/___/___ to ___/___/___, while my child/ward is attending the Les Roches sponsored activity.

Signature of Parent/Guardian

Date

Home Phone

Emergency Phone

Medical Insurance: Yes No

Medical Insurance Company

Policy Number

PLEASE PROVIDE THE FOLLOWING INFORMATION AS APPLICABLE

Any known allergies:

Any known reactions to medications:

Any medications the camper is currently taking:

Date of last tetanus/toxoid inoculation:

Name and phone number of child's physician:

MINOR AUTHORIZATION

TO BE FILLED IN BY YOUR PARENT / GUARDIAN

Students who are below the age of 18 at the start date of the first semester, must have their parent / guardian complete the form below and return it to:

The Admissions Department, Les Roches Global Hospitality Education, CH-3975 Bluche, Switzerland

phone: +1.312.752.2100 - admissions@lesroches.edu

I, the undersigned:

Surname _____ Name _____

Date of Birth _____

Address _____

Tel _____ Email _____

Mother

Father

Guardian

I hereby declare that I have legal custody of the child:

Surname _____ Name _____

Date of Birth _____

Address _____

and I acknowledge that Les Roches is an adult environment and therefore I assume responsibility for the well-being and actions of the MINOR mentioned above, as their legal guardian.

Date & place _____ Signature of the legal guardian _____

SEE YOU SOON!

LES ROCHES GLOBAL HOSPITALITY EDUCATION - CAMPUS ADDRESS

Les Roches Global Hospitality Education
900 N. North Branch St.
Chicago, IL 60642
USA

+1.312.752.2100

LES ROCHES GLOBAL HOSPITALITY EDUCATION - ADMISSIONS ADDRESS

Les Roches Global Hospitality Education
CH-3975 Bluche, Crans-Montana
Switzerland
info@lesroches.edu

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