



## Registration Form for Linguistic Programs for teenagers and adults

You are registering for a:

Language:  French  Spanish  English

Language Training:

- Face to face:  
 1/1  Group
- E-Learning  Blended-Learning

Language Holiday

- 1/1  Group

I received a detailed quote  Yes  No

\* If the linguistic program is not an advertised group one and you have not received a detailed quote, do not proceed with registration. Download the assessment form and contact Doc'Langues for a detailed quote.

### Personal Information

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Nationality: \_\_\_\_\_

Genre: M  F

Adresse: \_\_\_\_\_

Zip code: \_\_\_\_\_ City: \_\_\_\_\_ Country: \_\_\_\_\_

Home telephone: 00 ( ) \_\_\_\_\_ Mobile: \_\_\_\_\_

Work phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail : \_\_\_\_\_@\_\_\_\_\_.\_\_\_\_\_



6 Rue Torte 34660 Cournonterral

SIRET : 521 378 141 00019

Tél : 00(33) 4 67 73 66 32 – 00(33) 6 29 05 85 06

Profession: \_\_\_\_\_

If student, name of the establishment? \_\_\_\_\_

Grade/year: \_\_\_\_\_ city: \_\_\_\_\_ Country: \_\_\_\_\_

**Persons to contact in case of emergency:**

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home phone: 00( ) \_\_\_\_\_ Mobile: \_\_\_\_\_

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home phone: 00( ) \_\_\_\_\_ Mobile: \_\_\_\_\_

**Legal guardian's personal information:** (only for under age participants)

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Address: \_\_\_\_\_

Zip code: \_\_\_\_\_ City: \_\_\_\_\_ Country: \_\_\_\_\_

Home telephone: 00( ) \_\_\_\_\_ Mobile: \_\_\_\_\_

Work phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail : \_\_\_\_\_ @ \_\_\_\_\_

Combo

**Country:** France  USA  Spain  Venezuela

Other: \_\_\_\_\_

Region or/and city: \_\_\_\_\_

**Number of hours per week:** 10  15  20  25  other/per day: \_\_\_\_\_

**Date(s): From:** \_\_\_\_\_ **to** \_\_\_\_\_ **from** \_\_\_\_\_ **to** \_\_\_\_\_

*DOC' Langues*

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**Number of weeks:** \_\_\_\_\_

**Accommodation type:**

Residence/Apart-hotel  Bed & Breakfast  House  Hotel

Single room  Double room  Teacher's house

Without accommodation  other: \_\_\_\_\_

E-Learning

**Language Level**

Oral

Upper advanced  Advanced  Intermediate  Elementary  Basic

Written

Upper advanced  Advanced  Intermediate  Elementary  Basic

How long have you studied the target language?

\_\_\_\_\_.

Where have you studied the target language?

\_\_\_\_\_.

How did you find out about Doc' Langues?

\_\_\_\_\_.

**Health**

Do you suffer from asthma?  Yes  No

Do you have any allergies?  Yes  No

If yes, specify them \_\_\_\_\_

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What specific symptoms do you exhibit during an allergic reaction?

\_\_\_\_\_

Do you have a special diet? \_\_\_\_\_

Particular health problems:

Diabetes  Yes  No

Hypertension  Yes  No

Other(s): \_\_\_\_\_

Are you under a special treatment? \_\_\_\_\_

(It is extremely important to have a copy of the doctor's prescription with you during your holiday)

Do you smoke?  Yes  No

Do you accept domestic animals?  Yes  No

#### Payment Method

- I paid the non-refundable registration fee of  45€ for France or  80€ for other countries.
- The total of my linguistic program is \_\_\_\_\_ €
- I make 30% down payment \_\_\_\_\_ €
- I will pay the remaining amount on \_\_\_\_\_ at least a month before the beginning of my linguistic program.
- I take advantage of the cancellation insurance  Yes  No
- I pay 25€ for the optional cancellation guarantee for a linguistic program under 500€
- I pay 50€ for the optional cancellation guarantee for a linguistic program over 500 €
- I pay by check to the order of Doc' Langues, send with my registration form to 6 Rue Torte 34660 Cournonterral (only for payments made within France and from French banks)

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- I pay using paypal from the Internet web site [www.doclangues.fr](http://www.doclangues.fr) (You will receive a confirmation email, after the transfer has been made)

I \_\_\_\_\_ hereby certify that I have been notified of the company's terms and conditions, of the program chosen, and especially of the cancellation policy. I certify that I have made the 30% down payment and I understand that any misbehavior or disrespect of the local, accommodation's or school's laws, regulations and policies will result in my immediate dismissal or that of my legal child without refund, and at my own expense. I certify that (I am or that my legal child is) in good physical and mental health to participate in the linguistic program chosen.

I am solely responsible for the timely reimbursement of the company for any medical bill or any unforeseen expense, such as, but not limited to, Internet, telephone, property damage, etc. made at any point during the program.

City \_\_\_\_\_ Date \_\_\_\_\_

Signature:

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