

Registration Form

PERSONAL INFORMATION

First name : MI :

Last name :

Preferred name : Gender : Male Female Other

Date Of Birth : ____ / ____ / ____ Grade : ____

Address : _____

City/town : _____ ZIP : _____

Tshirt size : _____

PASSEPORT INFORMATION

Passport number and country of issuance : _____

Date of issuance : ____ / ____ / ____ Date of expiration : ____ / ____ / ____

You must submit a copy of your valid passport with this registration form.
 (NOTE THAT YOUR PASSPORT MUST BE VALID FOR ANOTHER 6 MONTHS BEFORE YOUR DEPARTURE DATE).

PARENT / GUARDIAN INFORMATION

Parent / Guardian #1

First Name : _____ Last Name : _____

Date of birth : _____

Home Phone : _____ Cell Phone : _____

Address : _____

City/town : _____ ZIP : _____

Place of employment : _____ Email address : _____



Parent / Guardian #2

First name : _____ Last name : _____

Date Of Birth : _____

Home Phone : _____ Cell Phone : _____

Address : _____

City/town : _____ ZIP : _____

Place of employment : _____ Email address : _____

PAYMENT OPTIONS

- Option 1: Pay the entire balance at the time of the registration

- Option 2: Payment in two installments
\$50 processing fees + \$ 200 deposit + \$350 due at the date of registration
The remaining \$550 is due by June 21, 2024

- Option 3: Option 3: Monthly Payments Plan
\$50 processing fees+ \$200 deposit due at the date of registration
Month 2: \$ 300
Month 3: \$ 300
Month 4: \$ 300

EMERGENCY CONTACTS (MUST LIST 3)

1. Name	:	_____	Home Number	:	_____
Relationship to child	:	_____	Mobile Number	:	_____
2. Name	:	_____	Home Number	:	_____
Relationship to child	:	_____	Mobile Number	:	_____
3. Name	:	_____	Home Number	:	_____
Relationship to child	:	_____	Mobile Number	:	_____


Parent/Guardian name
and signature

Parent/Guardian name
and signature

Date

More Information :

 Rockville, MD 20855

 +1 202.352.85.03 / +33 6 21 27 06 17

 www.enroute-education.org

THANK YOU