

lean into life

**Dear Parents:** 

You are registering your student for an Intersession course for which instructors are using an outside tour company or vendor. Vendors require signed documents for their own records. School policies and procedures will always supersede vendor stipulations and are described in Dr. Nicholas' <u>Parent Letter</u>. Please note:

- Applications should be printed, filled out, scanned, and emailed to Intersession@chca-oh.org.
- CHCA families should NOT enroll online with the vendor.
- You may opt NOT to provide your email address, as CHCA does not allow direct communication between vendor and families.
- CHCA families may NOT opt to purchase "room upgrades" or "optional extras."
- CHCA families should NOT provide any "payment plan" or "payment method" information, as all payments are submitted to CHCA.

The deadline to return your student's form for Winter Term 2016 is May 26, 2015, or immediately upon registration if your student is placed in the course after 5/26/15.

If you have any questions, please email Intersession@chca-oh.org.

## International travel registration form

Traveler Applications must be completed neatly in INK, signed, and returned to <u>Intersession@chca-oh.org</u> or the High School Office by 05/26/2015. If registering after 05/26/15, form is due upon registration. All fields are required!

Dr. James Lipovskv: Mrs. Jodv Petersen/Best of Italv	Petersen-3	33	I have traveled with Explorica before	
Teacher/Group Leader's name	Tour Center ID	Tour Center ID		
Participant information (Please print using all capital letters	s. Full name, including middle name, m	ust be an exact match of y	your passport name.)	
not currently available, you must provide your passport information 85 da	ays before departure.			
iirst name (as it appears on your passport) Middle name (as it appear	rs on your passport) Passport number	Country	y of issue	
ast name (as it appears on your passport)	Suffix Traveler nationality		Issue date	Expiration date
street	Email (Required for	tour and billing communication)		
	Home phone			
City State	ZIP code Date of birth	/ / Sex	Male Female	
Country of residency				
Emergency contact info (required)				
	( )		( )	
irst & last name Email	Primary phone		Secondary phone	

## Payment information

The payment plan will be determined and communicated by Cincinnati Hills Christian Academy. All payments will be made to CHCA through its online registration system.

L have read and fully understand the "Participant Release & Agreement" and the "Terms & Conditions" as supplied herewith.

Participant

L have read and fully understand the "Participant Release & Agreement" and the "Terms & Conditions" as supplied herewith.

Date