



## GUIDELINES

Welcome to our summer program “**Sabores de México**”  
You will have an unforgettable experience with us!

## ¡BIENVENIDO!

### SUMMER PROGRAM 2019 DATES

- **Start June 21st**
- **End July 1st**

### FEES AND PAYMENTS

- Summer program price: **\$1,620 USD**
- First payment: **50%** 1 week after you receive your acceptance letter and invoice.
- Second payment: **50%** By may 21st 2019.

### PASSPORT AND VISA

- A passport with a minimum validity of 6 months is needed
- Mexico entry requirements for tourists and short term visitors:
- <https://www.gob.mx/sre/acciones-y-programas/visas-para-extranjeros-8036>

### FLIGHT TICKET

- Each participant needs to buy his flight ticket.

### ACCOMMODATION

- In your fee is included a shared standard double room.

### INSURANCE

- It is mandatory to have a valid International Insurance. It must cover your medical costs, hospitalization and eventual repatriation.

### DRESS CODE

- You will need an adequate clothing to be in the kitchen. Pants, long sleeve and slip resistant shoes (tennis shoes), no flip flops or sandals.

#### TO APPLY

##### SEND THE NEXT DOCUMENTS BY E-MAIL

- Enrollment form, signed
- Medical form, signed
- Terms and conditions form, signed

##### ONCE YOU ARE ADMITED

##### SEND THE NEXT DOCUMENTS BY E-MAIL

- Copy of your passport
- Copy of your visa (if applicable)
- Copy of your insurance policy
- Information of your flight ticket.
- If you are under 18, a signed parent/legal guardian consent
- Copy of your payments

#### CONTACT:

Lic. Jacqueline Tron  
Liasion Coordinator  
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Tel. 5482.1600 ext. 8140



# APPLICATION FORM PERSONAL INFORMATION

Name \_\_\_\_\_

Last name \_\_\_\_\_

Passport number \_\_\_\_\_

Expiration date \_\_\_\_\_

Flight number \_\_\_\_\_

Airline \_\_\_\_\_

School name \_\_\_\_\_ Semester \_\_\_\_\_

Date of birth	
Nationality	
Language	
E-mail	
Cell phone number	
Home address	
Emergency contact/relation	
Allergies or health problems	
Insurance policy number	

I have read and agree to all the terms and conditions specified in this format.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# MEDICAL FORM

Thank you for taking the time to fill out this valuable information. This allows us to provide the best care possible to our students if needed. The following information needs to be answer truthfully and completely. ESDAI will kept all this information confidential and will not share it without your consent.

## STUDENT PERSONAL INFORMATION

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_

Emergency contact information \_\_\_\_\_

Name \_\_\_\_\_

Phone number: Day \_\_\_\_\_ Night \_\_\_\_\_

## HAVE YOU EVER SUFFERED FROM

	Y	N
Allergy to medicine or food, specify		
Are you under a treatment by a doctor, if yes specify		
High Blood pressure		
Diabetes		
Do you have Tetanus vaccination? Date		
Heart problem conditions		
Hepatitis		
Learning difficulties, specify		
Measles		
Mental conditions (depression, bipolar or eating disorders)		
Neurological conditions (epilepsy)		
Substance dependency (alcohol, drugs, medicine)		
In the past year, have you undergone any surgery?		
If yes, specify		
Do you regularly use medication?		
If yes, specify		

I \_\_\_\_\_ student participant at ESDAI UP summer course, hereby give the permission to ESDAI UP and medical authorities to take all medical steps necessary for any treatment in case of accident or need medical assistance.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## TERMS & CONDITIONS

The following terms and conditions in this contract between you, the student or parent, legal guardian and us the summer program organizers of ESDAI UP, apply to the services contained in the brochure.

### ENROLLMENT CONFIRMATION, INVOICE AND DOCUMENTS

Once we have your enrollment form, ESDAI UP will send you a confirmation invoice. You must paid the total amount of the course, by May 21st, 2019.

You need to send a copy of all of your documents via email.

### BANK ACCOUNT AND DETAILS

Along with your acceptance letter, we will send you detailed information for payment according to your country of origin and Bank account.

### INSURANCE

It is mandatory for all students to have a valid International Insurance. It must cover your medical costs, hospitalization and eventual repatriation.

### RESERVATION of the organizer

ESDAI UP reserves the right to send a student back home if the behavior prejudices the interests of a fellow student or is incompatible with the successful of the summer program. If this is the case, the parent or guardian will be responsible for the costs traveling back home. For this reason, there is no refund of the course fees or in the case; the student decides to interrupt the program.

ESDAI UP is not responsible for the valuables of a student not left for safekeeping. ESDAI UP shall not be responsible in any event for accidents that occur during free time or non-supervised activities.

### PRICE CHANGE

ESDAI UP reserves the right to change the prices listed in our brochure due to major unforeseeable events. If any price rise more than 10% of the total cost, you have the right, within 10 days of our notification, to terminate your contract without cancellation charges.

### CANCELLATION

If you decide to cancel your participation in our Summer Program, let us know via email as soon as possible.

In the case you decide to cancel your participation 30 days or less before the start of the program, we will charge you a supplementary cancellation fee:

1 <b>30%</b> of your total	2 months before start
2 <b>50%</b> of your total	1 month before start
3 <b>100%</b> of your total	2 weeks or less before start



# TERMS & CONDITIONS

## **CANCELLATION OR CHANGES**

ESDAI UP reserves the right to change the program or any of its activities, due to any event outside of our control.

## **COMPLAINTS**

If during your stay with us, you notice any failings or wish to make any complaint, please do not hesitate to contact us and ask for assistance. In the case, we cannot solve your matter, please give us a call. ESDAI UP will try to solve it in the best way possible.

Name of parent or legal guardian \_\_\_\_\_ date \_\_\_\_\_

Signature \_\_\_\_\_

Name of student \_\_\_\_\_ date \_\_\_\_\_

Signature \_\_\_\_\_

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