UMC

SUMMER CAMP

2025



Toronto, Canada

UPPER MADISON COLLEGE
FOUNDED A.D. 2001

UMC SUMMER CAMP 2025





EXAMPLE OF STUDENT ACTIVITIES

3 DAYS TRAVEL TOUR	FULL-DAY ACTIVITIES	DAILY ACTIVITIES
French Canada (Ottawa, Montreal & Quebec)	Toronto Island Niagara Falls Canada's Wonderland Fun Farm	CN Tower Ripley's Aquarium St. Lawrence Market The Art Gallery of Ontario University of Toronto Nathan Phillips Square UMC Day (Sport/Art/Game) Toronto Blue Jays Game Trampoline Park

SAMPLE SCHEDULE

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
09:00 - 12:15	Teenager ESL Program					Full-Day Activities
12:15 - 13:00	Lunch Break					
13:00 - 17:00	Daily Activities					
18:00	Homestay					

**Schedule is subject to change.*







ACTIVITY CALENDAR

JULY

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	7	8	9	10	11	12
	ORIENTATION & MIDTOWN WALKING TOUR	CN TOWER & RIPLEY'S AQUARIUM	CANADA DAY	ST. LAWRENCE MARKET	AGO & GRAFFITI ALLEY	NIAGARA FALLS
13	14	15	16	17	18	19
FREE TIME	UNIVERSITY OF TORONTO	PARAMOUNT MOVIE THEATRE	SWIMMING POOL	DISTILLERY	WOODBINE BEACH	CANADA'S WONDERLAND
20	21	22	23	24	25	26
FREE TIME	NATHAN PHILLIPS SQUARE & EATON CENTRE	TORONTO BLUE JAYS GAME	AWARD CEREMONY	QUEBEC, MONTREAL, OTTAWA TRIP	QUEBEC, MONTREAL, OTTAWA TRIP	QUEBEC, MONTREAL, OTTAWA TRIP
27	28	29	30	31	1	2
FREE TIME	BOARD GAMES	TRAMPOLINE PARK	UMC SPORTS	HARBOUR FRONT	SCAVENGER HUNT AT YORKDALE MALL	FUN FARM

AUGUST

3	4	5	6	7	8	9
FREE TIME	TORONTO ISLAND	AGO & GRAFFITI ALLEY	UMC CRAFT	ST. LAWRENCE MARKET	CN TOWER & RIPLEY'S AQUARIUM	NIAGARA FALLS
10	11	12	13	14	15	16
FREE TIME	UNIVERSITY OF TORONTO	PARAMOUNT MOVIE THEATRE	SWIMMING POOL	DISTILLERY	AWARD CEREMONY & WOODBINE BEACH	CANADA'S WONDERLAND

*All activities are subject to change without notice.

APPLICATION FORM

APPLICATION CHECKLIST:

- ☐ Application Form
- ☐ Homestay Application
- ☐ Application Fee CAD $350 (non-refundable)
- ☐ A Copy of Student's Passport

UMC Toronto Campus
150 Eglinton Ave. E
7th Floor, ON M4P 1E8
TEL: +1 (416) 546-7250
Email: admin.toronto@umcollege.net

STUDENT INFORMATION (PLEASE PRINT CLEARLY)

Last Name	First Name	Middle Name	Nationality

Gender	Date of Birth (mm/dd/yyyy)	Phone Number	Email Address
☐ Male ☐ Female ☐ Other			

Address	City/Province, Country	Postal Code

Emergency Contact Name	Relationship to Student	Emergency Contact Phone Number	Emergency Contact Email Address

PARENTS INFORMATION (PLEASE PRINT CLEARLY)

	PARENT/GUARDIAN 1 Relationship	**PARENT/GUARDIAN 2** Relationship
Full name		
Home Address		
Phone Number		

MEDICAL INFORMATION

Does your child have any medical or behavioral conditions that we should be aware of? ☐ NO ☐ YES

If yes, please take a moment to explain (include any allergies including to any medication) :

MEDICAL EMERGENCIES

In the event of an accident, injury or illness involving the registrant, and immediate contact by the UMC with a designated contact cannot be made, I hereby authorize and grant permission to UMC staff to secure proper medical treatment and authorize on the registrant's behalf all procedures, including, without limitation, admission to an emergency unit, hospital and treatment therein, ordering of x-rays, tests or treatment, injections, anesthesia and/or surgery, as deemed necessary by the attending medical professional(s). I agree not to hold the UMC responsible for any costs or injury arising out of an emergency situation.

Signature of Student	Date (mm/dd/yyyy)	Signature of Parent	Date (mm/dd/yyyy)

PHOTO/VIDEO CONSENT AND RELEASE FORM

By signing below I declare that I understand and accept that UMC may take photographs and/or video recordings of UMC based activities or events which may include images of myself and which may be used by UMC for its own informational, promotional or advertising purposes in digital and/or print media or by Authorized Third Parties in accordance with arrangements agreed upon by UMC and the Third Party.

Signature of Student	Date (mm/dd/yyyy)	Signature of Parent	Date (mm/dd/yyyy)

PROGRAM INFORMATION

DURATION (No. of Weeks)	☐ 1 ☐ 2 ☐ 3 ☐ 4	**START DATE** (mm/dd/yyyy)	☐ 7/7 ☐ 7/14 ☐ 7/21 ☐ 7/28 ☐ 8/4

PROGRAM OPTIONS	☐ Option 1 FULL SUMMER CAMP	☐ Option 2 ONLY ACTIVITIES	☐ Option 3 SELF HOMESTAY ARRANGE & PICK UP SERVICE
ESL Classes	✓	-	✓
Camp Certificate	✓	✓	✓
Daily Excursions Including Full Day Trips	✓	✓	✓
Homestay (3 meals a day)	✓	✓	-
Airport Transfers (Pick up & Drop off)	✓	✓	-
Health Insurance	✓	✓	✓
Presto Card (TTC Trsnaportation)	✓	✓	✓
Custodianship Letter	✓	✓	✓
French Canada Trip	✓	✓	✓

EXTRA SERVICE	Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)	No. of Days
Homestay			
Insurance			

TERMS AND CONDITIONS

In the event of accident, injury or illness involving the registrant and when immediate contact cannot be made by UMC with a designated Emergency Contact, I hereby authorize UMC staff to secure medical treatment for the registrant and grant permission to UMC staff to authorize on behalf of the registrant any procedure or medical action including calling an ambulance, admission to an emergency unit, hospital treatment, surgery, administering of anesthesia, x-rays , injections or any other treatment, without limit, deemed necessary by a medical professional. I agree not to hold UMC responsible for any costs or injury arising out of an emergency situation.

CONFIRMATION, PAYMENT, CANCELLATIONS AND REFUNDS

Full payment should be made by May 1st, 2025. If full payment is not received prior to the program start date, the UMC reserves the right to cancel the registration without notice, and cancellation charges will be applied. Requests for cancellations must be made in writing and submitted to the UMC at admin.toronto@umcollege.net. Cancellation requests received at least before May 1st, 2025 the start of camp will receive a refund minus an administration fee of CAD$350. Cancellation requests received after May 1st, 2025 notice are subject to an administration fee of 50% of the total fee. Cancellation requests that are received after June 1st, 2025 will not qualify for a refund. A doctor's note is required for cancellations due to medical reasons. In the case of Visa refusal or Denial of study permit, UMC will retain non-refundable Application Fee $350. Refunds are not granted for inclement weather.

I have read and understand the Cancellation and Refund Statement.

Signature of Student	Date (mm/dd/yyyy)	Signature of Parent	Date (mm/dd/yyyy)

APPLICATION DECLARATION

Please read the following before signing:

1. I declare that the information I have provided is complete and correct.
2. I agree to abide by the rules and regulations determined by UMC.
3. I understand that acceptance of this application in no way guarantees admission to the selected program and that admission to the program is contingent on availability.
4. I understand and agree that UMC reserves the right to modify or cancel any program without notice or prejudice.

Signature of Student or Parents if Student is under 18	Date (mm/dd/yyyy)

AGENCY	AGENT	TEL	EMAIL



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