**Summer French Camp for Students in Grades 9 and 10**

**Objective of Program**

The main objective of the summer camp is to give students the opportunity to strengthen their French language and expand their understanding of French culture by being immersed in a French learning environment.

**Duration:** Approximately 4 weeks (June 28th – July 24th)

**Location:** Université de Moncton

**Deadline for Application:** February 27th, 2015

**Overview of Program**

The summer camp focuses on developing students’ language skills in the areas of speaking, listening, reading and writing. Students are organized in learning groups based on their language proficiency; an assessment is administered on the first day of the program. The goal is to keep class sizes small (15 to 20 students) and homogeneous with respect to language proficiency. Students participate in a variety of learning experiences, such as oral exercises, debates, discussions and educational games to improve their oral language skills. All instructional materials are provided. The teachers are experienced in creating a positive and engaging learning environment.

Classroom activities are complemented by cultural and social activities. These allow students to strengthen their language skills in relevant and practical situations. The communicative approach which promotes the integration of all four basic language skills (i.e., listening, speaking, reading and writing) is also reflected in these experiences.

A team of monitors also work with the students during the program. These individuals are chosen because of their expertise as strong communicators and facilitators. Most of the monitors are students at l’Université de Moncton and are familiar with the facilities. During the academic year, the monitors are involved in extra-academic campus activities (e.g., varsity sports, radio campus, student council, and coaching). The monitors are all highly skilled and the activities for which they are responsible are well planned and executed with the overall safety, linguistic and social development of the students in mind. Activities are geared towards reinforcement of the French language and culture.

Campus staff offers full support to students who are immersed in the French language and culture. The goal is to make the students’ stay at l’Université de Moncton an enjoyable and memorable experience.

**Lodging**

Students live in residence during the 4-week program at l’Université de Moncton. Male and female students are assigned rooms on separate floors of the residence. Two students share a room for the duration of the program. A student may ask for a specific roommate, but there is no guarantee that he/she will be placed with the person requested.

**Eligibility**

A total of 100 students who have completed Grade 9 or 10 by June 2015 will be chosen to participate in this program. The distribution of seats is determined on a per capita basis for each school district. In support of the provincial goal for second language proficiency, 60% of the seats are reserved for students in Post-Intensive or Core French and 40% for French immersion students.

**Selection**

School district French second language (FSL) coordinators review applications received from schools and forward successful applicants to the Department of Education and Early Childhood Development (EECD) respecting the number of allocated seats and the date of receipt of applications. First-time applicants are given provincial priority. Names can be submitted to be placed on a provincial waiting list. For further details, please contact the school district FSL coordinator.

**Funding for the Program**

The Department of Education and Early Childhood Development funds the program. Funding covers the cost of the tuition, a room and meals in residence, excursions and required instructional materials. As the overall cost per student is significant, there is an expectation that students will participate fully and remain for the full duration of the program. Parents/guardians should be sensitive to their child’s readiness to be away from home for this length of time.

**Student and Parent/Guardian Responsibilities: Travel to and from Moncton, spending money, and $100 deposit**

**The $100 deposit is returned if:**

1. a student withdraws before May 29th, 2015
2. he / she completes the full program.

**The deposit is forfeited if a student:**

a) withdraws after May 29th, 2015

b) does not show up on registration day

c) causes property damage (part/full of the deposit will cover the cost of room keys or laundry cards if lost and/or other property damage)

d) decides to leave or is asked to leave the program early.

**Instructions for students/parents**

The application form must be completed and returned to a student’s French teacher with a $100 cheque, ***dated February 27thh, 2015,*** andwritten to"***The Minister of Finance - New Brunswick***". Money orders or cash are not accepted. The application form and deposit (cheque) must be given to the French teacher **on or before February 27th, 2015.** The deposit cheque will be returned in September.

If a student is selected to participate in the program and for some reason is unable to attend, he or she should notify Sylvie Arseneau as soon as possible (see contact information below). This allows a student on the waiting list to participate in the program.

For more information, please view l’Université de Moncton Summer French Program website at <http://www.umoncton.ca/learnfrench/junior>.

If you have any further questions, please contact:

Sylvie Arseneau, FSL Learning Specialist

Department of Education and Early Childhood Development

Curriculum K-12, Educational Services Division

Place 2000, 250 King Street

Fredericton, NB E3B 9H9

Phone: (506) 444-2846

Email: sylvie.arseneau2@gnb.ca



**Grades 9 and 10 Summer French Program**

**2015 Application Form**

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| **To be completed and returned to your French teacher on or before February 27th , 2015** |

**General Information** (Please type or print clearly)

Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Surname First name

Date of birth: Grade in 2014/15: Gender: M ❒ F ❒

 Day / Month / Year

Name of Parent(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Surname First name

Street Address or P.O. Box:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 City, town or village Prov./Terr. Postal Code

Telephone: Emergency telephone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 Please ensure this is an email address that is checked on a regular basis.

**Please note: *You must be 17 years of age or younger as of August 1st, 2015.***

Name of School:

School District: Date:

I am currently enrolled in: Post-Intensive French/Core French ❒ French Immersion ❒

**Please complete this section: School Approval of Application
(for school use only)**

French Teacher Signature

Print Name Title

Comments

**Please note:** This application will be returned to you if the school approval section is not completed.

**Medical Information:** This section must be completed by a parent or legal guardian. The information below is extremely important in the event of an emergency. Please provide sufficient details and advise us if there are any changes between now and June 28th, 2015.

Detach this section and keep for your information

✂

✂

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1. Do you have any allergies (e.g., food, anaphylactic, medication, environmental)? Yes  No 

Details:

1. Are you receiving any medical treatment for your allergies? Yes  No 

Details:

1. Are you currently taking any medication? Yes  No 

Details:

1. Please provide details about any health or physical-related concerns (e.g., dietary requirements, diabetes, mobility, vision, or auditory). To ensure we can better meet specific requirements, it is essential that you provide us with any changes in your child’s health or physical-related concerns between now and the beginning of the student summer program start date.

1. New Brunswick Medicare # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Private Health Insurance Carrier and Policy # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent’s/Legal Guardian’s Authorization**

I understand the financial investment for a seat in this program and the importance of completing the entire session. My child is willing to participate fully in the Summer French Program from June 28th – July 24th, 2015. I have discussed proper conduct with my child as well as the importance of speaking French at all times. We understand that inappropriate behaviour or repeated use of English will be a breach of conduct and could mean being asked to leave the program. Should this situation arise, I understand I will be informed and be responsible for return transportation arrangements and incurred costs. Detailed behavioural expectations will be provided to students who are accepted to the program.

I authorize my child to participate in the full activities of the Summer French Program. In the event that my child is involved in an accident or becomes ill, I agree, that having taken the necessary precautions, the Université de Moncton, the Province of New Brunswick and its employees shall not be held responsible. This would also apply to the loss of or damage to his/her personal property.

In the event of an accident or illness, I understand that the Université de Moncton will phone me or one of the contacts provided on the registration form. If none of us can be reached, I hereby give permission to the Université de Moncton to authorize, on my behalf, all procedures, including admission to hospital and necessary treatment therein, as may be deemed essential for the care and well-being of my child.

**It is Mandatory that this form be signed by the parent / guardian of the participant.**

Name Relation to participant

Address (if different from above)

Street Address or P.O. Box \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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City, town or village Prov./Terr. Postal Code

Telephone: Home (506) Work (506)

 Signature Date