

# Summer Pre-College Intensive English Language Enrichment Program in USA



*Four fun-filled weeks of learning and progress for non-native English speakers and students ages 14-16 in English as a Second Language.*



*Improve your English at the English Language Institute of Illinois State University and experience life in the USA with the help of OCDF Academic Connections. Campus visits, Sight-seeing, Sports, Shopping, Camping, and Fun Activities!*



## Prepare now for college abroad!

## Introduction

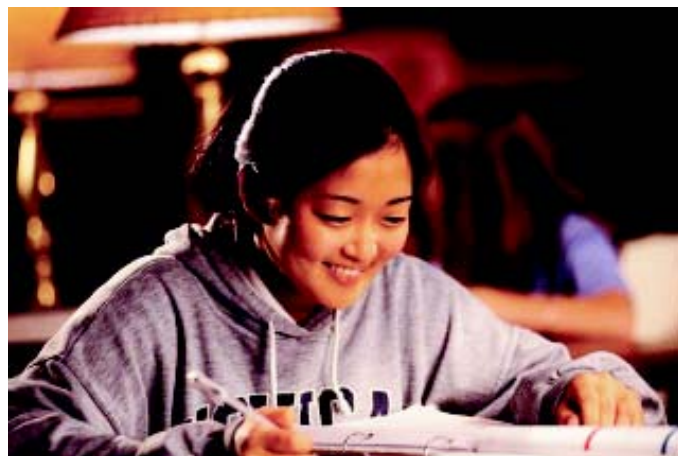
*Three groups of 20 outstanding students will travel to the US to experience American culture and college life through an intensive English Language Institute program designed to improve their oral and written English skills and prepare them for college in the US either as an undergraduate or graduate student in their future.*

Daily activities will include morning instruction and afternoon programs in the community. Weekend sightseeing and activities enable the participants to use English and improve rapidly. Each student will be assessed at the beginning and end of their program and parents will be provided with an evaluation of what skills were accomplished and what is still needed in order to meet normal college admissions requirements in the USA.

The English Language Institute (ELI) of Illinois State University is located in Normal, Illinois and has been providing pre-college English language instruction and programs to students from throughout the globe for 22 years. Students from Asia regularly participate in the ELI programs prior to admission and acceptance into US universities. Courses are taught by persons with Masters and Doctoral Degrees in Teaching English as a Second Language. See [www.eli.ilstu.edu](http://www.eli.ilstu.edu).



Participants will be monitored and coordinated through OCDF Academic Connections, a division of Our Chinese Daughters Foundation based in Bloomington, Illinois and Beijing, China. Travel arrangements will be made by CITS Development Group in conjunction with OCDF China Tours, another division of OCDF. OCDF was founded in 1995 by Dr. Jane Liedtke who was a Professor of Industrial Technology at Illinois State University before living and working in Beijing as a corporate trainer and business consultant for 10 years. OCDF regularly serves family and student travel groups from throughout the globe. See [www.ocdf.org](http://www.ocdf.org).



This program is custom-designed by Dr. Kasia Stadnik and Dr. Jane Liedtke to meet the needs of students living in China who are not native English speakers and wish to rapidly improve their English skills levels in preparation for college abroad. The program includes 18 hours per week of classroom, interactive learning and activities within the community to better utilize language skills and understand American life and culture. This, too, brings important pre-college skills to students who may not have lived in the US previously.



**Who will participate?** Students ages 14-16 from China attending middle school/upper middle school (high school) at either Chinese public schools, private schools, and international schools. Students from China and countries throughout the globe are welcome to join this international student program.

**Application process?** Each student and their family will complete an application for the program. The forms are available in English and Chinese by downloading from [www.ocdf.org/camps](http://www.ocdf.org/camps). Families desiring the application form in another language should contact Wesley Smith [Wesley@ocdf.org](mailto:Wesley@ocdf.org) or call 010-8403-4979. We welcome the opportunity to assist you in completing the application process. A \$200.00 non-refundable deposit is due at the time of application and will be applied to the program fee upon acceptance and verification of travel to US (Visa acceptance should your student require a US visa).

**Deadline?** Applications will be accepted on a "first-come, first-served" basis until available seats are taken by qualified applicants. Application does not automatically imply acceptance into the program. If you have questions about whether or not your student meets the program requirements for age, academic standing, references from teachers, level of English, etc., please contact Wesley Smith at OCDF Academic Connections [Wesley@ocdf.org](mailto:Wesley@ocdf.org) or call 010-8403-4979. **Applications are due by March 1st.** See [www.ocdf.org/camps](http://www.ocdf.org/camps) for other important dates related to this program.

**Visa process?** Students with passports other than USA, Canada, and the EU countries will need a US Student Visa to participate in this program. Illinois State University and OCDF Academic Connections will provide the necessary support documents for your visa application. It will be the responsibility of the participant to apply for their US Visa in a timely manner and obtain any forms and documentation required by the US Embassy/Consulate for Visa application.

**Campus arrangements?** Students will be met in Chicago by OCDF Academic Connections staff and counselors. When sightseeing students will stay in hotel/motel accommodations which have been checked for safety and security. During the main program, students will live in the International Student Dormitory at Illinois State University and have their meals on campus with the dining services providing a full complement of foods. They can accommodate students with special dietary needs or restrictions. Dormitory rooms will be two person per room with all the males and females on separate floors. Counselors will live on each floor and will be available 24/7 for on-call emergency services. OCDF's program coordinator will also be residing in the same facility and will be available to assist with any emergency that could arise. Linen services will be provided. Coin operated laundry is available.



**Insurance?** Each student will have international medical insurance included in their program fee with access to the ISU Student Health Center and local BroMen Hospital which adjoins the campus.

## Program Dates?

**Group #1** Depart China on Friday June 25th, Arrive USA same day  
Instruction Monday June 28 – Friday July 23rd  
Return to China on Saturday July 24th arriving in Beijing on Sunday July 25th

**Group #2** Depart China on Friday July 2nd, Arrive USA same day  
Instruction Monday July 5th – Friday July 30th  
Return to China on Saturday July 31st arriving in Beijing on Sunday August 1st

**Group #3** Depart China on Friday July 9<sup>th</sup>, Arrive USA same day  
Instruction Monday July 12th – Friday August 6th  
Return to China on Saturday August 7<sup>th</sup> arriving in Beijing on Sunday August 8th

## Daily Schedule

**Day 1 Friday** - Depart China by United Airlines UA 850, Arrive Chicago, met at airport and transfer to dinner and then hotel. BLD included

**Day 2 Saturday** - Chicago sightseeing including Sears Tower, Field Museum of Natural History, and Frank Lloyd Wright Home. BLD included

**Day 3 Sunday** - Morning drive to the campus of Illinois State University through the rural Illinois countryside. Check-in at dormitory. Afternoon free time to settle in/unpack. Welcome picnic and evening orientation to program (held at picnic grove by old school house on campus). BLD included

### Week #1 on Campus

**Day 4 Monday thru Day 5 Friday** - 9-noon Instruction at the English Language Institute and Placement Testing

#### Afternoons:

Monday: Walking tour of ISU Campus, Library, and Center for Performing Arts

Tuesday: ELI Program

Wednesday: *Meet the Professor Program* – learn from an ISU professor about a topic/theme

Thursday: ELI Program

Friday: McLean County Museum, Shopping at the Eastland Mall

#### Evenings:

Monday: Study time

Tuesday: Movie night

Wednesday: Study time

Thursday: Roller skating

Friday: Free time or weekend trip

**Meals:** BLD (at dorm) included



Wednesday: Salon time at Paul Mitchell or Midwest College,  
 Shopping at College Hills Mall  
 Thursday: ELI Program  
 Friday: Presentation of Certificates at ISU and group photo  
**Evenings:**  
 Monday: Study time  
 Tuesday: Movie night  
 Wednesday: Make a present to take home to your family at  
 the Pottery Workshop  
 Thursday: Free time  
 Friday: Special Dinner at Alexander's Steak House  
**Meals:** BLD (at dorm) included

**Weekend Activities Throughout the Program Include:**

► *Discover the Land of Lincoln* – morning to New Salem  
 Historic Village and afternoon to the Lincoln Presidential  
 Museum



**Week #2 on Campus**

**Day 9 Monday thru Day 13 Friday** - 9-noon Instruction at  
 the English Language Institute and Placement Testing

**Afternoons:**

Monday: Meet the Artist Program – learn from a local artisan  
 about their art/craft  
 Tuesday: ELI Program  
 Wednesday: Challenger Learning Center (National  
 Aeronautics and Space Administration)  
 Thursday: ELI Program  
 Friday: Weekend trip

**Evenings:**

Monday: Study time  
 Tuesday: Movie night  
 Wednesday: Study time  
 Thursday: Bowling at ISU BBC  
 Friday: Weekend trip

**Meals:** BLD (at dorm) included

**Week #3 on Campus**

**Day 16 Monday thru Day 20 Friday** - 9-noon Instruction at  
 the English Language Institute and Placement Testing

**Afternoons:**

Monday: *Rural America* - Visit to the ISU Farm in Lexington,  
 the Lavender Creek Farm in Mackinaw, and the Ropp  
 Cheese Farm in Normal  
 Tuesday: ELI Program  
 Wednesday: Afternoon – *How does a city/town government  
 work in America?* Visit to the Mayor's office, the courthouse,  
 the police station, and the fire department.  
 Thursday: ELI Program  
 Friday: Weekend trip

**Evenings:**

Monday: Study time  
 Tuesday: Movie night  
 Wednesday: Study time  
 Thursday: Picnic and boating at Comlara Park & Lake  
 Evergreen  
 Friday: Weekend trip

**Meals:** BLD (at dorm) included

**Week #4 on Campus**

**Day 23 Monday thru Day 27 Friday** - 9-noon Instruction at  
 the English Language Institute and Placement Testing

**Afternoons:**

Monday: Free time  
 Tuesday: ELI Program



▶ **Family time** - overnight homestay and activities with a US family.

▶ **Weekend trip to Indiana**

Afternoon to Purdue University with visit to College of Technology laboratories and Discovery Park. Stay overnight on the Purdue Campus. Spend Saturday morning on the Purdue Campus with activities and programs learning about various academic majors. Afternoon visit to Indianapolis 500 Motor Speedway & Museum. Visit to downtown Indianapolis for dinner on your own at the Old Railway Station. Evening Imax Movie. Sunday morning enjoy the Caribbean Cove Waterpark (at hotel). Afternoon go to a baseball game of the Indianapolis Indians or visit to the Indianapolis Zoo.

▶ **Outdoor Adventure Weekend**

Afternoon - Horseback riding at Moraine View State Park, Overnight tent-camping trip to Starved Rock State Park

Weekend Meals will be a combination of meals included and meals "on your own". Students should come with spending money for those meals "on your own".

**Day 29 Saturday** - Transfer from ISU Campus to O'Hare International Airport in Chicago for United Airlines #851 flight to Beijing, China. B included, L on your own, D included

**Day 30 Sunday** - Arrive Beijing International Airport. Met by family members at airport. End of Program.

**Key:**

B = Breakfast

L = Lunch

D = Dinner

When they are listed it means they are included that day in the cost of the program.

**Other activities to be scheduled:** In addition to the scheduled activities, the following will be included in the student program based on the community and ISU schedule of events in July-August each summer.

- a. Attend a local theater production or concert
- b. Sporting events/activities
- c. Clubs or professional group meetings to attend
- d. Ways to practice language skills

**Group Size:**

Minimum 10, Maximum 20

**Program Tuition/Fees:**

[www.ocdf.org/camps](http://www.ocdf.org/camps) see *English Language Institute*

**Cost Includes:**

1. International airfare
2. Insurance (medical)
3. Hotel Lodging in Chicago, Indianapolis, and camping in Illinois.
4. Dormitory room double occupancy
5. Transportation (bus and vans)
6. Meals (dormitory, off-site, special and other)
7. Entrance Fees (movie tickets, entrance tickets, etc.)
8. Speakers and activity programs
9. English Language Institute Tuition & Instruction, Assessment, Certificate
10. Counselors and guides

More Information about this program is available online at: [www.ocdf.org/camps](http://www.ocdf.org/camps)

- a. FAQs (frequently asked questions)
- b. What pack and travel information
- c. How to apply for US visa and links to forms.

# Application Form- Intensive English Language Institute

Complete one application form for each teen being enrolled.

Downloadable from [www.ocdf.org/camps](http://www.ocdf.org/camps) Please complete this form in either English or Simplified Chinese. If you need assistance, please contact Wesley Smith at the OCDF Office in Beijing: 010-8403-4979.

Date of Application: \_\_\_\_\_

Place of Work: \_\_\_\_\_

Contact Name (Parent): \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone:

Cell \_\_\_\_\_

Work \_\_\_\_\_

Home \_\_\_\_\_

Email: \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Cell/Telephone: \_\_\_\_\_

By enrolling my child/teen, I agree to the OCDF policies and conditions of enrollment and understand the tuition payment policies provided on [www.ocdf.org/camps](http://www.ocdf.org/camps) for the Intensive English Language Enrichment Program. Initial: \_\_\_\_\_

Name of Teen: \_\_\_\_\_

Gender: \_\_\_ Female \_\_\_ Male

Name for name-tag: \_\_\_\_\_

Does your teen have a passport? \_\_\_ Yes \_\_\_ No

If yes, what country? \_\_\_\_\_

Passport Number: \_\_\_\_\_

Expiration date on passport: \_\_\_\_\_

Please provide a photocopy of your teen's passport. Later when the US Visa is issued, we will collect that information and a photocopy.

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

Age at time of program: \_\_\_\_\_ years \_\_\_\_\_ months

## Academic/Social:

Current grade in school: \_\_\_\_\_

School attended: \_\_\_\_\_

City: \_\_\_\_\_

Please provide a transcript & letter from the school indicating students performance in school (grades and any disciplinary actions).

Has your teen ever traveled with a school group or camp program without parents? \_\_\_ Yes \_\_\_ No

Has your teen ever traveled outside of China? \_\_\_ Yes \_\_\_ No

If yes, where? \_\_\_\_\_

## Language(s) spoken by child/teen and approx. level:

Chinese (Putonghua) Basic Intermediate Fluent

Cantonese (HK/Guangdonghua) Basic Intermediate Fluent

English Basic Intermediate Fluent

Other \_\_\_\_\_ Basic Intermediate Fluent

Other \_\_\_\_\_ Basic Intermediate Fluent

Other \_\_\_\_\_ Basic Intermediate Fluent

Other \_\_\_\_\_ Basic Intermediate Fluent

OCDF Staff and HVC Counselors will speak English and Mandarin Chinese.

## Medical Insurance:

Do your teen have a global insurance policy (good for use in the USA)? \_\_\_ Yes \_\_\_ No

If yes, please provide a photocopy of the insurance card showing the following information.

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Group Number \_\_\_\_\_

Group Name \_\_\_\_\_

Insured Person (parent/child) \_\_\_\_\_

If no, we will arrange for IMG insurance for the time-period your teen is in the USA.

## Medical Condition(s):

Allergies for which we need to monitor? Such as bee stings, food allergies (peanuts, seafood, gluten, etc.), asthma, hay fever, specific animals:

List any or all medical conditions for which you take medication and the medication required: \_\_\_\_\_

Please be sure to send sufficient medications with your child along with the prescription. And in the case of specialists seeing your child, the name/telephone of the physician.

Do any of these prescription medications require refrigeration? \_\_\_ Yes \_\_\_ No

Will any of these prescription medications require a nurse or adult to administer? \_\_\_ Yes \_\_\_ No

Does your child have any dietary restrictions? Such as diabetes, food allergies, lactose intollerant, Kosher, Halaal, vegetarian/vegan, salt-restricted, calorie restricted, etc.:

Does your child have any restrictions on activities? Such as running, climbing, walking, swimming (life preservers will be used when boating/fishing), etc:

# Parent Medical Release & Waiver of Liability

**Name of Child** (Teen Participant) \_\_\_\_\_

**Medical Release:**

I/we hereby authorize any physician selected by OCDF Academic Connections Staff and (ELI/ISO) Medical Staff to order x-rays, routine tests, and other medical treatment needed for the health of my child enrolled. In the event that I cannot be reached in an emergency, I give permission to the physician selected by OCDF to hospitalize, secure proper treatment, and to order injections, anesthesia, and/or surgery for my child as named above. I/we accept full responsibility for costs associated with any illness or emergency treatment(s) which may result from participating in this program not covered by our insurance policy or the IMG policy provided to persons without a global insurance policy.

**Name of Parent(s)/Legal Guardian(s):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness:** \_\_\_\_\_

Information requested on this form will only be shared with nurse, and medical professionals for the purpose of assisting your child when needed.

**Waiver of Liability:** All participants in any travel program arranged through OCDF and its divisions and must sign and submit a copy of the Waiver of Liability provided below. Theft of personal property from a hotel room on camp cabin while traveling is the responsibility of a family's individual insurance coverage.

## Waiver of Liability

Participation in any travel/learning program sponsored or arranged by Our Chinese Daughters Foundation, Inc. (OCDF, OCDF China Tours, OCDF Academic Connections, or other divisions of OCDF) and is at your own risk. OCDF assumes no liability for accidents, injuries, or illnesses associated with participation in this program. Travel that includes outdoors activities always carries with it an element of risk and it shall be the responsibility of the participants to behave and conduct themselves in a safe manner. OCDF will act prudently on behalf of participants in scheduling events and contracting for services such as international airfare, sightseeing in USA, and other service providers for programs, transportation, etc. However, OCDF must inform you of the risks and responsibilities associated with travel to and from and throughout the USA.

**Name of Parent(s)/Legal Guardian(s):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness:** \_\_\_\_\_

## Health History to be completed by Parent/Guardian

**Medications for my child/teen** (including vitamins) taken routinely

*Medication #1* \_\_\_\_\_ *Dosage* \_\_\_\_\_ *How often taken:* \_\_\_\_\_

*Reason for taking* \_\_\_\_\_

*Medication #2* \_\_\_\_\_ *Dosage* \_\_\_\_\_ *How often taken:* \_\_\_\_\_

*Reason for taking* \_\_\_\_\_

*Medication #3* \_\_\_\_\_ *Dosage* \_\_\_\_\_ *How often taken:* \_\_\_\_\_

*Reason for taking* \_\_\_\_\_

**Allergies** - please describe the reactions/treatment for specific allergies:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Physicians Medical Report

**Name of Child** (Teen Participant) \_\_\_\_\_

To the physician, please complete this form to the best of your knowledge and understanding of this patient.

Has this person received medical attention for a specific diagnosis (ie: asthma, orthopedics, heart or other internal condition, diabetes, etc.) that requires any restrictions or attention while participating in a travel/camp program?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is this person under the care/guidance of a mental health professional? Please describe diagnosis/treatment(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please attach a copy of the child/teen's vaccination record.**

Please indicate below the dates of any infectious diseases or viruses:

Measles \_\_\_\_\_ Chicken Pox \_\_\_\_\_  
 Mumps \_\_\_\_\_ Mononucleosis \_\_\_\_\_  
 Tuberculosis \_\_\_\_\_ German Measles \_\_\_\_\_  
 Smallpox \_\_\_\_\_ Polio \_\_\_\_\_  
 Typhoid Fever \_\_\_\_\_ Malaria \_\_\_\_\_  
 Japanese Encephalitis \_\_\_\_\_  
 Positive for Hepatitis B, C, D, E (circle) \_\_\_ Yes \_\_\_ No  
 Positive for HIV \_\_\_ Yes \_\_\_ No

Height \_\_\_\_\_ (cm or feet/inches)  
 Weight \_\_\_\_\_ (kg or pounds)  
 Blood Pressure: \_\_\_\_\_/\_\_\_\_\_

Date of last physical exam? \_\_\_\_\_  
 \_\_\_ Yes No The medications listed on the front of this page are accurate for this child/teen.

**General Questions:**

1. Has teen ever been hospitalized? Y N
2. Has teen ever had surgery? Y N  
If yes, what kind? \_\_\_\_\_
3. Does the teen have any chronic illness or conditions? Y N
4. Has the teen ever passed out during/after exercise? Y N
5. Has the teen ever been dizzy during/after exercise? Y N
6. Has the teen ever had chest pain during/after exercise? Y N
7. Has the teen ever had high blood pressure? Y N
8. Does the teen have a heart murmur? Y N
9. Has the teen ever had a head/trauma injury? Y N
10. Has the teen ever been knocked unconscious? Y N
11. Does the teen have frequent head aches or migranes? Y N
12. Has the teen ever had seizures? Y N
13. Does the teen have epilepsy? Y N
14. Does the child/teen have diabetes? Y N  
If yes, Type I or Type II
15. Insulin injections? Y N
16. If female, does the teen have a normal or abnormal menstrual history? (circle) Y N  
Does she experience severe cramping? Y N
17. Has the teen had frequent ear infections? Y N
18. Does the teen have skin problems (rash, impetigo, acne, exema, etc.)? Y N
19. Does the teen have any urinary track issues/infections often? Y N
20. Is an orthodontic appliance (retainer or mouth guard) used by the teen? (circle) Y N
21. Does the teen wear glasses, contact lenses, or protective eyewear? (circle) Y N
22. Does this teen have a history of behavioral or adjustment issues? Y N
23. Does this teen have a history of reactive attachment disorder (RAD)? Y N
24. Does this teen have a history of ADD or ADHD? Y N
25. Does this teen have a medically-prescribed meal plan or dietary restrictions? Y N
26. Does this teen have a history of an eating disorder? Y N  
If yes, what kind? \_\_\_\_\_

**Activity Recommendations:**

Active camping program	Restricted	Unrestricted
Hiking/walking	Restricted	Unrestricted
Swimming/watersports	Restricted	Unrestricted
Other _____		

Physician's Name _____	Signature _____
Address _____	Date _____
_____	Phone _____
City _____	Clinic Name _____
State/Province _____	Form completed by (physician's staff): _____
Country _____	_____
Postal Code _____	Date _____