



STUDENT EDUCATIONAL PROGRAM

COMPANY NAME: _____

WEBSITE: _____

ADDRESS: _____

TELEPHONE: _____

CONTACT NAME: _____

TITLE: _____

DIRECT LINE: _____

EMAIL: _____

BRIEF DESCRIPTION OF ATTRACTION

DESCRIPTION OF EDUCATIONAL PROGRAM(S)



EDUCATIONAL PROGRAM DETAILS

Name of educational program: _____

Season(s) the educational program is offered: _____

Minimum/ maximum group size: _____

Available languages of program: _____

Cost(s) of your educational program(s): _____

Estimated time required for program: _____

Cancellation policy details: _____

Comp. policy details: _____

Do you offer student friendly dining options on site?

Is a group dining area available?

Provide price ranges for lunch &/or dinner:

Do you offer vegetarian, vegan or gluten-free menu items?

Wheelchair accessible? Please provide details on accessibility:

Is motor coach parking available on site? _____

If yes, is there a charge? _____

TORONTO



EDUCATIONAL PROGRAM – CURRICULUM MATCHING

Recommended age/ grade for program: _____

Canadian Primary Category: _____

Canadian Secondary Category: _____

American Primary Category: _____

American Secondary Category: _____

EDUCATIONAL PROGRAM STANDARDS

Canadian National Standard: _____

Provincial Standard: _____

U.S. National Standard: _____

U.S. State Standard: _____