



Homestay Registration Form

HOMESTAY INFORMATION

Applicant's Name: _____

Address (Home/Apt #, Street): _____ City: _____

Postal Code: _____ Home telephone (if applicable): (_____) _____

HOST MOTHER INFORMATION

Host mother occupation and place of employment: _____

Cellphone: (_____) _____ Work telephone: (_____) _____

Email: _____

HOST FATHER INFORMATION

Host father occupation and place of employment: _____

Cellphone: (_____) _____ Work telephone: (_____) _____

Email: _____

HOST CHILDREN AND PETS INFORMATION (if applicable)

If you require more space, please use "Additional information" section at the end of this form.

<u>Children's names</u>	<u>Birth date (MM/DD/YYYY)</u>	<u>Gender</u>
		<input type="checkbox"/> M <input type="checkbox"/> F
		<input type="checkbox"/> M <input type="checkbox"/> F
		<input type="checkbox"/> M <input type="checkbox"/> F
		<input type="checkbox"/> M <input type="checkbox"/> F

Do you have pets? Yes No

If yes, what kind? _____

GENERAL INFORMATION

Have you ever hosted an international student in your home? Yes No

How many students are you able to accommodate at one time? _____

Can you provide transportation to and from the school? Yes No

Do you smoke or other occupants in your home smoke? Yes No

Do you have designated smoking areas? Yes No

Do you have laundry facilities? Yes No

Would the student have access to a private bathroom (not necessary)? Yes No

Can you provide three meals per day? Yes No

If so desired, can the student have use of your kitchen area? Yes No

GENERAL INFORMATION (continued)

What interests/activities are those in your household involved in? _____

In what kind of activities would you include the student? _____

What are your family guidelines about drinking alcohol? _____

What are your family guidelines about the use of your home phone? _____

What type of internet is available in your home?

- Wired Wireless None

From what country would you like to host a student?

- No preference Asia Middle East Europe South Africa North America Quebec

Desired length of stay:

- No preference Short term (1-4 weeks) Long term stay (5+ weeks)

Do you prefer male of female students?

- No preference Male Female

Desired age range of student:

- No preference 12-16 17-25 26-40 41+

When would you available to host a student? And are there any times of the year when you would not be available to be a host?

ADDITIONAL INFORMATION

Please share any additional information you would like us to know:

Date: _____