



HOMESTAY APPLICATION

PERSONAL INFORMATION

FAMILY NAMES (S): _____ GIVEN NAMES(S): _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____

E-MAIL: _____

DATE OF BIRTH: _____ AGE: _____ Male Female Single Married
 Year / Month / Day

Nationality: _____	Languages Spoken: _____
School/Occupation: _____	
English Level: <input type="radio"/> Very good <input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor	

HOMESTAY PERIOD

Start Date: _____ / _____ / _____ Year / Month / Day	End Date: _____ / _____ / _____ Year / Month / Day
---	---

ARRIVAL INFORMATION

Do you need AIRPORT PICK-UP? <input type="radio"/> Yes <input type="radio"/> No	Arrival Date: _____ / _____ / _____ Year/Month/Day
---	---

Airline Name: _____	Flight Number: _____	Arrival Time: _____
---------------------	----------------------	---------------------

HOMESTAY INFORMATION

Do you prefer to stay with a host family that has:

Young children <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Does not matter	Dogs <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Does not matter
Teenagers <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Does not matter	Cats <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Does not matter
No children <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Does not matter	Birds <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Does not matter

Do you have any allergies to animals? <input type="radio"/> Yes <input type="radio"/> No	What kind?
Do you have any allergies to food? <input type="radio"/> Yes <input type="radio"/> No	What kind?
Do you have any medical problems? <input type="radio"/> Yes <input type="radio"/> No	What kind?
Do you have any medical insurance? <input type="radio"/> Yes <input type="radio"/> No	When will you purchase it?
Have you traveled before? <input type="radio"/> Yes <input type="radio"/> No	When?
Have you lived in Homestay before? <input type="radio"/> Yes <input type="radio"/> No	When?
Do you smoke? <input type="radio"/> Yes <input type="radio"/> No	
Do you object to smoke (from other family members)? <input type="radio"/> Yes <input type="radio"/> No	
Do you have any food dislikes or restrictions?	
Your hobbies, interests and any other comments:	

AGREEMENT AND MEDICAL AUTHORIZATION:

I, the undersigned, an applicant for the Homestay Program, do waive and release claims against Northwest Homestay for injury, loss, damage, accident, delay, or expenses resulting from my participation in the program.

I also release them and agree to indemnify them with regard to any financial obligations or liabilities that I may personally incur or any damage or injury to the person or property of others that I may cause while participating in this program. I understand that Northwest Homestay is not responsible for any injury or loss suffered by me during periods of independent travel or absence from the school.

If I become ill, injured or incapacitated, Northwest Homestay, the host family, or the local coordinators may take such actions as any of them considers necessary, including medical treatment for me and transporting me back to my country, at my own expense.

I understand that my participation at the homestay program may be terminated at the sole discretion of Northwest Homestay without a refund of fees and that I may be sent home at my expense if I do not adhere to the rules standards and instructions. I agree that Canadian law shall apply to this agreement and I agree to submit to the jurisdiction of Canadian law. I agree to pay promptly all telephone bills charged by me to the host family phone in case I did not use a pre-paid phone card. I agree to a minimum stay of 4 weeks, and to advise the Homestay Coordinator at least 2 weeks before I plan to leave. If the applicant is less than 19 years old, please have a parent co-sign below.

I have read and understood all information on this form.	
Student signature	Date (month / day / year)
Parent's signature	Date (month / day / year)