

SMOKING Are there smokers in your household? Yes / No / Outside Only

HOUSE RULES Please note, if any.

MEALS EATEN AS A FAMILY	Breakfast	Sometimes / Daily / Weekends / Rarely
	Lunch	Sometimes / Daily / Weekends / Rarely
	Dinner	Sometimes / Daily / Weekends / Rarely

DIET RESTRICTIONS Vegetarian? Entire Family / Some of Family / No
 Other? Please explain:

HOMEWORK Will you be available to help with school assignments?
 Y / N Sometimes / Daily / Weekends / Rarely

BACKGROUND Foreign languages spoken by family:
 Do you speak any of these languages in your home? Y / N
 Religious: Y / N — Please specify (optional):
 Have you hosted before? Y / N If yes, for how long?
 Through which programs or schools?

HOBBIES Please check all that apply:

<input type="checkbox"/> Baseball	<input type="checkbox"/> Camping	<input type="checkbox"/> Fishing	<input type="checkbox"/> Hockey/Skating	<input type="checkbox"/> Photography	<input type="checkbox"/> Soccer
<input type="checkbox"/> Basketball	<input type="checkbox"/> Computers	<input type="checkbox"/> Fitness	<input type="checkbox"/> Horseback Riding	<input type="checkbox"/> Painting/Drawing	<input type="checkbox"/> Swimming
<input type="checkbox"/> Biking	<input type="checkbox"/> Concerts	<input type="checkbox"/> Gardening	<input type="checkbox"/> Martial Arts	<input type="checkbox"/> Reading	<input type="checkbox"/> Tennis
<input type="checkbox"/> Board Games	<input type="checkbox"/> Cooking	<input type="checkbox"/> Golf	<input type="checkbox"/> Movies	<input type="checkbox"/> Shopping	<input type="checkbox"/> Theatre/Concerts
<input type="checkbox"/> Boating	<input type="checkbox"/> Dance	<input type="checkbox"/> Hiking/walking	<input type="checkbox"/> Music	<input type="checkbox"/> Skiing/Snowboarding	<input type="checkbox"/> Video Games

Other hobbies:

STUDENT ROOMS

Total Student Bedrooms:	Total Student Bathrooms:
Total Bedrooms in House:	Total Bathrooms in House:

Are the student bathroom(s) private or shared?
 Room 1 Private / Shared
 Room 2 Private / Shared
 Room 3 Private / Shared
 Room 4 Private / Shared

Is there Internet access for the student's own computer(s)? Y / N
 If yes, is it in their room, or in a common area of the home?

OTHER STUDENTS Are you currently hosting or expecting to host a student? Y / N
 M/F Age: Nationality: Arr & Dep Dates:
 M/F Age: Nationality: Arr & Dep Dates:
 M/F Age: Nationality: Arr & Dep Dates:

Student Preferences

GENDER & AGE M / F / Either 7-14 / 14-21 / Adult
 SMOKING Will You Accept a Student Who Smokes? Yes / No / Outside Only
 DIET Can you accommodate a student who has dietary restrictions? Y / N
 AVAILABILITY Summer / Academic Year Only / Year-Round / Short-Term / Other:

Fine Print

REFERENCES Must be known to you for at least 3 years. No relatives, please.

Name:

Occupation:

Daytime Tel.:

Name:

Occupation:

Daytime Tel.:

COMMITMENT The information above is accurate to the best of my knowledge.

Signed:

Date:

PLEASE NOTE A criminal record check will be required for all residents in the home over the age of 18 (19 in British Columbia). The costs of the provision of these checks are the responsibility of the Homestay family.

Thank You!

QUESTIONS? CALL US TOLL FREE:
 1 877 441 4443

WWW.CANADAHOMESTAYINTERNATIONAL.COM