



SPIRAL SUMMER CAMP HOME STAY FAMILY APPLICATION

CONTACT INFORMATION

NAME:	
ADDRESS:	
HOME PHONE NUMBER:	CELL PHONE NUMBER:
E-MAIL ADDRESS:	
EMERGENCY CONTACT NUMBER:	

FAMILY MEMBERS:

Last Name:		First Name:	
Gender: Male Female	Age:	Profession:	
Last Name:		First Name:	
Gender: Male Female	Age:	Profession:	
Last Name:		First Name:	
Gender: Male Female	Age:	Profession:	
Last Name:		First Name:	
Gender: Male Female	Age:	Profession:	

LIVING ENVIRONMENT

Pets: <input type="checkbox"/> Cats <input type="checkbox"/> Dogs <input type="checkbox"/> Other Pets:
Family: <input type="checkbox"/> With children <input type="checkbox"/> With teenagers <input type="checkbox"/> Adults only <input type="checkbox"/> Other
Smoking: <input type="checkbox"/> Yes <input type="checkbox"/> No
Dietary Preference: <input type="checkbox"/> All Foods <input type="checkbox"/> Vegetarian <input type="checkbox"/> Other

TRANSPORTATION

Are you willing to provide daily transportation to and from the summer camp location?
Driver’s license # _____ ; Car Insurance Carrier and Policy Number _____
It is highly recommended that you check with your insurance agent about coverage when transporting students.

AFTER SCHOOL ACTIVITIES

Are you willing to arrange cultural and recreational activities for home stay students in evenings and weekends? If so, what kind of activities would you like to arrange?

LIABILITY INSURANCE

Home owner’s insurance usually covers your personal liability as well. Please check with your insurance agent to be sure.

REFERENCES

Please list two references.
Name _____ Address _____
Phone _____ E-mail _____ Relationship to family _____
Name _____ Address _____
Phone _____ E-mail _____ Relationship to family _____

BACKGROUND – for all residents of the household during the homestay:

- Has anyone in the household ever been convicted of a crime or misdemeanor? ____
- Has anyone ever entered a plea of guilty or nolo contendere to a felony or misdemeanor charge? ____
- Are there any charges pending against anyone in any jurisdiction at this time? ____
- If the answer to any of these questions is “yes,” please explain the circumstances.

DECLARATION

I certify that the above information is true and complete. I understand that any false or incomplete information submitted in support of my application may invalidate my application, and result in consequences that are fully my responsibility.

Applicant’s name (Please print) _____

Applicant’s signature _____ Date _____