

Home Stay Form

Personal Information:					
Last Name:	Given Name:				
Middle Name:	Preferred Name:				
English Ability: Yes No	Limited				
Age: Sex: Male	Female Date of Birth:				
Home Stay Information:					
Home Stay Required: 2-meal Pack	kage 3-meal Package				
Start Date:	End Date:				
Preferred Area: North York	North Toronto Mid Town				
Downtown	Anywhere				
Are home stay pets OK?	No No Preference				
Are home stay children OK?	No No Preference				
Do you smoke? Yes	No				
Dietary Restrictions/Medical Conditions:					
List your interests, activities, etc:					

Special Requests Fees (In Canadian Dollars), Payable to the third party

Home Stay placement fee (non	-refundable) \$150	0.00	
Airport pick-up (\$100 one-way)	Yes	No	
Flight Number:			
Arriving From:		Arrival Time:	
Health Insurance (\$1.50 per da	y) Yes	No	
Health Insurance Start Date:			
Health Insurance End Date:			
2-meal Package:	Yes	No	
3-meal Package:	Yes	No	
Total Payment:			

Placement fee, airport pick up, insurance and one month home stay fee must be payable to the third party at the time of registration.