

# CAWNY Host Family Application

1. Host Parents Please print clearly in black ink or type

Last Name:		Father :		Mother:	
Parents are: Married_ Divorced_ Separated_ Widowed_ Single_ Other_				Home Tel:	
E-mail:			Home Fax:		
Address:			School District:		
City:		State:		Zip code:	
Father's Age:	Father's Birthdate:	Occupation:		Work Tel:	
Mother's Age:	Mother's Birthdate:	Occupation:		Work Tel:	
Nearest Airport (Academic Term Only)			Emergency Tel:		

2. Interests and Activities: First, indicate the NAME(S) of the members of your family interested in the activities listed below. Second, check 1 space for occasional activities, 2 spaces for regular activities or 3 spaces for favorite activities:

___ Swimming	___ Church Activities	___ Movies
___ Boating (specify)	___ Jogging	___ Theater
___ Skiing (specify)	___ Hiking	___ Classical Music
___ Fishing	___ Camping	___ Modern Music
___ Tennis	___ Video Games	___ Social Dancing
___ Golf	___ Computers	___ Ballet
___ Horse riding	___ Skating (Specify)	___ Concerts
___ Soccer	___ Martial Arts	___ Museums
___ Basketball	___ Cooking	___ History
___ Other	___ Shopping	___ Painting & Drawing
___ Other	___ Musical Instruments	___ Clubs

If you have animals, please indicate what kind of animal and include if it is an inside or outside animal: \_\_\_\_\_

3. Children – List all: If you have more than six children, please list them on a separate sheet of paper. Be sure to include all information listed below.

First Name	Gender	Birthdate (MM/DD/YYYY)	At home (please circle one)	
			Y	N
			Y	N
			Y	N
			Y	N
			Y	N
			Y	N

If there will be others staying in your home during your student's stay, please tell us who they are, their age(s), and for how long?

Who will be the main companion(s) of your student? _____	Does this person work? _____
Will your student have opportunities to meet teenagers? ___Y___N	How? _____
Will the student have his/her own room? ___Y___N (Sharing a room is fine, but the student must have his/her own bed)	
School District you reside in: _____	

4. Additional Information: Please check the appropriate spaces

Religious affiliation: please check the appropriate spaces: ___Catholic___Jewish___Protestant___Other___None
Our family attends: ___Regularly___Occasionally___Rarely
Is it important that your student accompany you? ___Very important___Somewhat important but not crucial___Doesn't matter
We live: ___On a ranch___In a rural area___In a small city (50,000- 250,000) ___On a farm___In a town (5,000 – 50,000)___In or near a large city (over 250,000)

Please attach a photo of your family and pictures of your home to this application  
 Noting your names on the reverse side

**Previous participation in exchange programs**

	Organization	Year
As a host family Y N		
Family member abroad (who)		

**Our family wishes to host**

Time period <input type="checkbox"/> Fall Sept-Jan <input type="checkbox"/> Spring Jan-June <input type="checkbox"/> Full school year			
Nationality: Please indicate country by order of preference:			
1.	2.	3.	4.
We can host: <input type="checkbox"/> boy <input type="checkbox"/> girl			
If you requested a girl, would you be willing to accept a boy?			
<input type="checkbox"/> Yes <input type="checkbox"/> Yes, but prefer a girl <input type="checkbox"/> No			

**Comments:**

Please include any other information about your family which you think may be helpful:

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Other information

What aspects of your family life/community/area would you look forward to sharing with a foreign student?

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Are there any activities or requests to which you want priority given?

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Can anyone in the family converse in another language?  Y  N

If yes, which language and how well?

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A few students may have dietary restrictions for health or religious reasons. Could your family host such a student?  Y  N

## Family References

Please list three relatives who know your family very well			
Name:			Phone:
Address:			
City:	State:	Zip:	email
Name:			Phone:
Address:			
City:	State:	Zip	email
Name:			Phone:
Address:			
City:	State:	Zip:	email

## Friend References

Please list three friends who know your family very well They could include friends, clergy, a teacher, or other professionals, Relatives are NOT accepted as references.			
Name:			Phone:
Address:			
City:	State:	Zip:	email
Name:			Phone:
Address:			
City:	State:	Zip	email
Name:			Phone:
Address:			
City:	State:	Zip:	email

## Commitment

We understand this experience is most worthwhile when we participate as a family. The members of our family are in agreement on wishing to host a foreign exchange student.

Parent Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date of Application: \_\_\_\_\_

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