



British Columbia Christian Academy

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HOST FAMILY APPLICATION - HOMESTAY PROGRAM

| | | | |
|----------------------|------|-------|-----|
| DATE OF APPLICATION: | YEAR | MONTH | DAY |
|----------------------|------|-------|-----|

FAMILY DATA:

LAST NAME OF FAMILY:

ADDRESS:

HOME PHONE:

HOME FAX:

EMAIL ADDRESS:

FIRST NAME OF HEAD OF FAMILY:

CELL PHONE:

OCCUPATION:

WORK PHONE:

FIRST NAME OF SPOUSE:

CELL PHONE:

OCCUPATION:

WORK PHONE:

INTEREST & HOBBIES OF FAMILY:

CHILDREN LIVING AT HOME:

| NAME | AGE | M / F |
|------|-----|-------|
| NAME | AGE | M / F |
| NAME | AGE | M / F |
| NAME | AGE | M / F |

OTHER PERSONS RESIDING IN THE HOME AND THEIR RELATIONSHIP TO THE FAMILY:

PETS:

STUDENTS PREFERRED:

AGE RANGE AND GENDER PREFERRED:

COUNTRY OR NATIONALITY OF STUDENT PREFERRED:

WOULD THE STUDENT BE PERMITTED TO INVITE FRIENDS FROM THE SCHOOL OR CHURCH TO THE HOME:

PLEASE PROVIDE ANY ADDITIONAL INFORMATION THAT COULD BE PERTINENT TO THE FAMILY OR STUDENT:

CHURCH

NAME OF CHURCH THE FAMILY ATTENDS:

DENOMINATIONAL AFFILIATION:

ADDRESS OF THE CHURCH:

NAME OF THE PASTOR OR MINISTER:

FREQUENCY OF FAMILY ATTENDANCE:

IS THE FAMILY WILLING TO ENSURE THAT THE STUDENT ATTENDS CHURCH EACH WEEK (EITHER THE CHURCH ATTENDED BY THE FAMILY OR A CHURCH CHOSEN BY THE STUDENT) AND TO ENCOURAGE THE STUDENT'S PARTICIPATION IN YOUTH ACTIVITIES OF THAT CHURCH?

HOME

DISTANCE FROM HOME TO BCCA:

TIME TAKEN TO TRAVEL BY CAR FROM HOME TO BCCA:

WOULD A MEMBER OF THE FAMILY BE DRIVING THE STUDENT TO AND FROM SCHOOL?

ANY EXCEPTIONS TO THE ABOVE?

WOULD THE STUDENT HAVE HIS/HER OWN BEDROOM?

WHAT IS THE SIZE OF THE BEDROOM(S)?

DOES THE BEDROOM HAVE A WINDOW?

WHAT FURNITURE WILL BE PROVIDED IN THE BEDROOM?

WILL THE STUDENT HAVE HIS/HER OWN BATHROOM? IF NOT, WHO WILL SHARE THE BATHROOM?

WHAT ROOM(S) WILL BE AVAILABLE FOR THE STUDENT TO USE AS A PLACE IN WHICH TO STUDY OR DO HOMEWORK?

WHAT ARE THE FAMILY'S EXPECTATIONS OR RESTRICTIONS REGARDING THE STUDENT'S USE OF THE TELEPHONE?

WHAT ARE THE FAMILY'S EXPECTATIONS IN REGARDS TO MEAL AND MEAL TIMES?

ARE THERE SMOKERS LIVING IN THE HOUSE?

SIGNATURE OF THE APPLICANT

I HEREBY CERTIFY THAT THE INFORMATION I HAVE PROVIDED IN THIS HOST FAMILY HOMESTAY APPLICATION FORM IS TRUE AND CORRECT. I UNDERSTAND THAT SUBMISSION OF THIS APPLICATION DOES NOT GUARANTEE ACCEPTANCE AS A HOST FAMILY IN THE BRITISH COLUMBIA CHRISTIAN ACADEMY HOMESTAY PROGRAM. I ALSO UNDERSTAND THAT I MUST PROVIDE BCCA WITH A CRIMINAL RECORD CHECK THROUGH THE LOCAL RCMP AT MY EXPENSE IN ORDER TO BE ACCEPTED IN THIS PROGRAM.

APPLICANTS SIGNATURE

DATE:

PLEASE PRINT APPLICANT'S NAME LEGIBLY