

This form provides Kanonji Appleton Partnership (KAP) with your family information so that we can arrange a home stay for a visitor from Kanonji, Appleton's Sister City in Japan. The information you give will also be shared with the visiting student and their family. Thank you for sharing your lives and homes with a guest from another country and culture.

Adult/Parent Name (include middle initial): _____

Date of Birth ___/___/___ Address _____

City _____ ZIP _____

primary phone # _____ alternate phone # _____

E-mail _____

Occupation _____

Employer _____

Adult/Parent Name (include middle initial): _____

Date of Birth ___/___/___ Address _____

City _____ ZIP _____

primary phone # _____ alternate phone # _____

E-mail _____

Occupation _____

Employer _____

Children at Home:

NAME	Gender	Age	Interests/Hobbies	Grade
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Other people living in your home:

Family Pet(s) _____

Family interests/hobbies?

HAVE YOU HOSTED BEFORE? Yes or No (Circle one) When? _____ KAP or other exchange (Circle one); other exchange program name _____

HAS ANYONE IN YOUR FAMILY BEEN AN EXCHANGE STUDENT? Yes or No (Circle one) Who, When & Where? _____

As Host Family, you are agreeing to take on the responsibility of someone else's child while they are in Wisconsin for the KAP Exchange. Please review and initial each statement below:

WE UNDERSTAND/CONFIRM

- Our family is expected to treat the exchange student or adult guest as one of the family and will make a conscious effort to include the visitor in all family activities. _____
- We are expected to read any information provided by KAP and familiarize the family with any materials in preparation for the exchange. _____
- Our family must be flexible, patient and willing to communicate both verbally and non-verbally while hosting a person from another country. _____
- Family members should make sure that the visitor feels comfortable around friends and feels included in activities. _____
- We will contact the KAP coordinator immediately if illness or other problems occur. _____
- We will contact the KAP coordinator regarding plans to take our visitor out of WI for the day or anywhere other than our home overnight. _____
- As due diligence and safety for all participants, a background check may be performed on our family. _____

Adult/Parent Signature _____ date: _____

Adult/Parent Signature _____ date: _____

_____ Please keep our Family's information on file for future hosting opportunities.

KAP Coordinator:

Joette Bump,

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