



## KJ's Homestay Services Guest Application

Full Homestay (Breakfast and Dinner) \_\_\_\_\_ Breakfast Only \_\_\_\_\_ No Meals \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Marital Status : \_\_\_\_\_ Single \_\_\_\_\_ Engaged \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed

Nationality: \_\_\_\_\_ Native Language: \_\_\_\_\_

Arrival Date: \_\_\_\_\_ Flight Information: \_\_\_\_\_

Length of Stay \_\_\_\_\_ Weeks \_\_\_\_\_ Months

School Name and Address of Language Program: \_\_\_\_\_

\_\_\_\_\_

Employer Name and Address of Medical Facility: \_\_\_\_\_

\_\_\_\_\_

School Name and Address of College/University: \_\_\_\_\_

\_\_\_\_\_

Employer Name and Address of Company: \_\_\_\_\_

\_\_\_\_\_

Family Type Preferred: Single \_\_\_\_\_ Couple \_\_\_\_\_ Family with Children \_\_\_\_\_ No Preference \_\_\_\_\_

Do You Like Pets? \_\_\_\_\_ Yes \_\_\_\_\_ No

Will You Travel with Pets? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do You Smoke? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does Smoke Bother You? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do You Drink? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have any Medical Conditions? \_\_\_\_\_ Yes \_\_\_\_\_ No (Please explain below)

\_\_\_\_\_

\_\_\_\_\_

Do you have any Dietary Needs? \_\_\_\_\_ Yes \_\_\_\_\_ No (Please explain below)

\_\_\_\_\_

\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Email/Mobile: \_\_\_\_\_

**Please sign and confirm that you are working with KJ's Homestay Services. The placement fee will not be charged until your homestay host and location have been confirmed and approved.**

Signature of Guest: \_\_\_\_\_ Today's Date: \_\_\_\_\_