



HOMESTAY IN CANADA - APPLICATION FORM

Student/Minor

HOMESTAY PROGRAM INFORMATION

DATE OF APPLICATION (YYYY / MM / DD) _____ / _____ / _____

Which are you applying for: FULL YEAR: 10 months: September to June
 SEMESTER 1: 5 months: September to January
 SEMESTER 2: 5 months: February to June
 SHORT-TERM*: # weeks: _____

SCHOOL INFORMATION (Please complete this section only if attending a school program in Canada)

SCHOOL BOARD

SCHOOL	GRADE/LEVEL	START DATE (YYYY / MM / DD) _____ / _____ / _____	END DATE (YYYY / MM / DD) _____ / _____ / _____
STREET ADDRESS		CITY	PROVINCE POSTAL CODE

NOTE: MLI MUST BE THE LEGAL CUSTODIAN OF ALL MINOR STUDENTS IN THE HOMESTAY PROGRAM.

I REQUIRE ASSISTANCE WITH OTHER SERVICES:

Please specify other services: _____

AGENT INFORMATION

	CONTACT PERSON	TELEPHONE NUMBER (INCLUDE COUNTRY AND AREA CODES)
CITY AND PROVINCE	COUNTRY	EMAIL ADDRESS
EMERGENCY CONTACT PERSON	24/7 EMERGENCY CONTACT PHONE NUMBER	

DO YOU HAVE ANY **IMMEDIATE RELATIVE** IN CANADA? ____ YES or NO ____ IF YES, YOU MUST PROVIDE THE FOLLOWING DETAILS: -

FULL NAME:	RELATIONSHIP WITH THE APPLICANT:	STATUS IN CANADA:
CURRENT ADDRESS	TELEPHONE NUMBERS:	EMAIL ADDRESS



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Thank you for choosing Canada as your travel and study destination. MLI Homestay is looking forward to placing you in your home away from home.

This comprehensive application form will assist us with getting to know you and ensuring that you are placed in the best possible match. To ensure that this application is processed as quickly as possible, please adhere to the following guidelines:

1. Form may be filled out on computer, except where signatures are required, or print clearly in block letters.
2. Answer all questions completely and sign where indicated
3. Submit application via email info@mlihomestay.com or fax to 416-646-5406
4. Application Fee is due at the time of application submission. Full payment must be received by MLI Homestay prior to arrival.

PARTICIPANT INFORMATION

SURNAME		GIVEN NAME(S)		PLEASE ATTACH PHOTO BELOW (Attach photo to email if sending pdf of this application via email)
DATE OF BIRTH (YYYY / MM / DD) ____/____/____		GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER		
NATIONALITY		E MAIL ADDRESS		
LEVEL OF ENGLISH <input type="checkbox"/> BEGINNER <input type="checkbox"/> INTERMEDIATE <input type="checkbox"/> ADVANCED		LANGUAGES SPOKEN		
STREET ADDRESS				
CITY		PROVINCE/STATE	COUNTRY OF RESIDENCE	POSTAL CODE
PARTICIPANT MOBILE PHONE (INCLUDE COUNTRY AND AREA CODES)		PARTICIPANT INSTAGRAM ACCOUNT	TIK TOK ACCOUNT	

PARENT/GUARDIAN INFORMATION

Please clearly **PRINT** names as they appear on legal documents. This information will be used to create legal custodial documents.

PARENT/GUARDIAN (1) SURNAME	PARENT/GUARDIAN (1) GIVEN NAME(S)	RELATIONSHIP <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> GUARDIAN	
OCCUPATION	BUSINESS TELEPHONE (INCLUDE COUNTRY AND AREA CODES)	DATE OF BIRTH (YYYY / MM / DD) ____/____/____	
EMAIL ADDRESS	HOME/MOBILE TELEPHONE (INCLUDE COUNTRY AND AREA CODES)	LANGUAGES SPOKEN	
ADDRESS: <input type="checkbox"/> SAME AS PARTICIPANT OR STREET ADDRESS			
CITY	PROVINCE/STATE	COUNTRY	POSTAL CODE

PARENT/GUARDIAN (2) SURNAME	PARENT/GUARDIAN (2) GIVEN NAME(S)	RELATIONSHIP <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> GUARDIAN	
OCCUPATION	BUSINESS TELEPHONE (INCLUDE COUNTRY AND AREA CODES)	DATE OF BIRTH (YYYY / MM / DD) ____/____/____	
EMAIL ADDRESS	HOME/MOBILE TELEPHONE (INCLUDE COUNTRY AND AREA CODES)	LANGUAGES SPOKEN	
ADDRESS: <input type="checkbox"/> SAME AS PARTICIPANT OR STREET ADDRESS			
CITY	PROVINCE/STATE	COUNTRY	POSTAL CODE



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PARENTS ARE:	<input type="checkbox"/> MARRIED	<input type="checkbox"/> COMMON-LAW	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> WIDOWED
PARTICIPANT LIVES WITH:	<input type="checkbox"/> MOTHER	<input type="checkbox"/> FATHER	<input type="checkbox"/> BOTH	<input type="checkbox"/> OTHER: _____
IF DIVORCED, LEGAL CUSTODY OF THE PARTICIPANT RESIDES WITH:	<input type="checkbox"/> MOTHER	<input type="checkbox"/> FATHER	<input type="checkbox"/> BOTH	<input type="checkbox"/> OTHER: _____
PARENT WHO SHOULD RECEIVE COMMUNICATIONS:	<input type="checkbox"/> MOTHER	<input type="checkbox"/> FATHER	<input type="checkbox"/> BOTH	<input type="checkbox"/> OTHER: _____

SIBLINGS:

NAME	RELATIONSHIP	AGE	OCCUPATION/STUDY LEVEL

EMERGENCY CONTACT (if parents are unavailable for consultation)

SURNAME	GIVEN NAME(S)	RELATIONSHIP
EMAIL ADDRESS	HOME/MOBILE TELEPHONE (INCLUDE COUNTRY AND AREA CODES)	LANGUAGES SPOKEN

PARTICIPANT INFORMATION

WHEN SPEAKING ENGLISH I:		<input type="checkbox"/> WORRY ABOUT MISTAKES <input type="checkbox"/> WELCOME CORRECTION <input type="checkbox"/> FOCUS ON GRAMMAR <input type="checkbox"/> JUST TALK HOWEVER IT COMES OUT	
PERSONALITY TRAITS			
<input type="checkbox"/> AFFECTIONATE	<input type="checkbox"/> CHEERFUL	<input type="checkbox"/> SOCIABLE	<input type="checkbox"/> OPTIMISTIC
<input type="checkbox"/> ADAPTABLE	<input type="checkbox"/> HUMOROUS	<input type="checkbox"/> SERIOUS	<input type="checkbox"/> CURIOUS
<input type="checkbox"/> INDEPENDENT	<input type="checkbox"/> QUIET	<input type="checkbox"/> TIDY	<input type="checkbox"/> DISORGANIZED
I MAKE NEW FRIENDS EASILY: <input type="checkbox"/> YES <input type="checkbox"/> NO		IN NEW SITUATIONS I TEND TO: WORRY OR STRESS EMBRACE THE CHALLENGE	
I HAVE A PET AT HOME: NO YES, I HAVE: _____		I ATTEND RELIGIOUS SERVICES: (OPTIONAL) OFTEN OCCASIONALLY RARELY NEVER	
HAVE YOU EVER LIVED AWAY FROM HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE DESCRIBE THE EXPERIENCE:			
ACTIVITIES YOU ENJOY			
SPORTS			
<input type="checkbox"/> FOOTBALL	<input type="checkbox"/> GOLF	<input type="checkbox"/> HORSEBACK RIDING	<input type="checkbox"/> ICE HOCKEY
<input type="checkbox"/> MARTIAL ARTS	<input type="checkbox"/> SAILING	<input type="checkbox"/> CROSS-COUNTRY SKIING	<input type="checkbox"/> DOWNHILL SKIING
<input type="checkbox"/> SOCCER	<input type="checkbox"/> SWIMMING	<input type="checkbox"/> TENNIS	<input type="checkbox"/> VOLLEYBALL
<input type="checkbox"/> BASEBALL	<input type="checkbox"/> BASKETBALL	<input type="checkbox"/> CAMPING	<input type="checkbox"/> CYCLING
<input type="checkbox"/> FIELD HOCKEY	<input type="checkbox"/> RUNNING	<input type="checkbox"/> HIKING	<input type="checkbox"/> CANOEING/KAYAKING
OTHER: _____			
OTHER INTERESTS			
<input type="checkbox"/> COOKING	<input type="checkbox"/> DANCE	<input type="checkbox"/> MUSIC (POPULAR)	<input type="checkbox"/> MUSIC (CLASSICAL/JAZZ)
<input type="checkbox"/> PAINTING/DRAWING	<input type="checkbox"/> READING	<input type="checkbox"/> PHOTOGRAPHY	<input type="checkbox"/> THEATRE
<input type="checkbox"/> SINGING	<input type="checkbox"/> MOVIES	<input type="checkbox"/> SEWING	<input type="checkbox"/> CHESS
<input type="checkbox"/> COMPUTERS	<input type="checkbox"/> BOARD GAMES	<input type="checkbox"/> SHOPPING	<input type="checkbox"/> SIGHTSEEING
OTHER: _____			



HOMESTAY IN CANADA - APPLICATION FORM

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FOOD PREFERENCES/ALLERGIES

Are you: Vegetarian Pescatarian Vegan Gluten-Free Lactose-Free Kosher Halal

Supplementary Fees apply for special diets. Not all specialized diets can be accommodated in all communities / school catchments.

WHICH OF THE FOLLOWING STATEMENTS APPLIES TO YOU?

- | | |
|---|---|
| <input type="checkbox"/> I EAT ALMOST EVERYTHING | <input type="checkbox"/> I LIKE A HOT BREAKFAST |
| <input type="checkbox"/> I REALLY ENJOY COOKING | <input type="checkbox"/> I PREFER A LIGHT BREAKFAST |
| <input type="checkbox"/> I HAVE NEVER COOKED FOR MYSELF | <input type="checkbox"/> I DON'T EAT BREAKFAST AT ALL |
| <input type="checkbox"/> I AM OPEN TO TRYING NEW FOODS | <input type="checkbox"/> I AM VERY CONCERNED ABOUT GAINING WEIGHT |
| <input type="checkbox"/> I LOVE DESSERTS | <input type="checkbox"/> I AM NOT VERY ADVENTUROUS WITH NEW FOODS |
| <input type="checkbox"/> I EAT VEGETABLES | <input type="checkbox"/> I DO NOT EAT RED MEAT (BEEF, VEAL, LAMB) |

LIST YOUR FAVOURITE FOODS:

LIST FOODS WHICH YOU **CANNOT** EAT:

DO YOU HAVE ANY FOOD ALLERGIES? NO YES, INCLUDING: _____

DO YOU HAVE ANY ALLERGIES TO ANIMALS? NO YES

Dog Cat Other. _____

DO YOU REQUIRE AN EPIPEN USE? YES NO

DO YOU HAVE ANY OTHER ALLERGIES?

OTHER ALLERGIES:	REACTION	MEDICATIONS	IS THIS ALLERGY LIFE-THREATENING?
_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO

DO YOU SMOKE? NO YES

IF YES, YOU MUST AGREE NOT TO SMOKE AT SCHOOL OR IN YOUR HOMESTAY.

DO YOU AGREE NOT TO SMOKE INSIDE (INCLUDING YOUR BEDROOM)? NO YES

WOULD YOU AGREE TO LIVE IN A HOME WHERE OTHERS SMOKE OUTSIDE? NO YES

BE TRUTHFUL. Misrepresentation may result in a required change of host family at a supplementary cost.

NOTE: in most provinces in Canada, the legal age to purchase cigarettes is 18 or 19 years. Host families and other adults are legally forbidden to purchase cigarettes for underage persons.



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HEALTH INFORMATION

GENERAL HEALTH: EXCELLENT GOOD FAIR POOR

Do you have a physical or medical condition for which you require special medication or services? YES NO
 (This includes mental health conditions such as ADD/ADHD, anxiety, depression, eating disorder) If yes, please explain:

Are you currently taking any medication? YES NO
 If yes, please explain:

Are there any medications that you are not able to take or have allergies to? YES NO
 If yes, please explain:

MEDICAL AGREEMENT AND RELEASE

- I hereby authorize MLI Homestay to seek medical attention, if required, for me/my son/daughter in the event of sickness, accident or other emergency during the program. I/We certify that the above information is correct to my/our knowledge.
- In the case of medical emergency, should I/we not be immediately available for consultation, I/we, as the Participant's parent(s) or legal guardian(s), give permission to the physician selected by MLI Homestay, the Host Family or the school officials to hospitalize, secure proper treatment for, and to order injections, immunizations/vaccinations, anesthetics or surgery for my/our child.
- For simple headaches, fever or other minor pain, I/we permit the host family, MLI Homestay or the school staff to administer the prescribed dose of:
 - ASPIRIN ACETAMINOPHEN (ex. Tylenol) IBUPROFEN (ex, Advil, Motrin)
 - POLYSPORIN ANTACID (Tums, Maalox, etc.) COUGH MEDICINE
 - THROAT LOZENGES ANTIHISTAMINE (ex. Sudafed, Benadryl)
- I/we hereby agree that the relationship and the resolution of any and all disputes arising therefrom between ourselves and health services provided through MLI Homestay, the Host Family or the school officials, shall be governed by and construed in accordance with the laws of the province in which the program is operated. I/we hereby acknowledge that the treatment will be performed in the province in which the program is operated and that the courts of that province shall have jurisdiction to entertain any complaint, demand, claim or cause of action whether based on alleged breach of contract or alleged negligence arising out of the treatment. I/we hereby agree that if I/ we commence any such legal proceedings they will be only in the province in which the program is operated, and hereby irrevocably submit to the exclusive jurisdiction of the provincial courts.
- I/we confirm that my/our child is not affected by or does not have a history of medical, psychiatric or emotional difficulties, nor does my/our child have any condition that would impact the success of his/her homestay program.

PARTICIPANT NAME	PARTICIPANT SIGNATURE	DATE (YYYY / MM / DD) ____/____/____
PARENT/GUARDIAN (1) NAME	PARENT/GUARDIAN (1) SIGNATURE	DATE (YYYY / MM / DD) ____/____/____
PARENT/GUARDIAN (2) NAME	PARENT/GUARDIAN (2) SIGNATURE	DATE (YYYY / MM / DD) ____/____/____



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FAMILY STYLE

Please rank in order of importance the following from 1 to 8 (1=most important / 8=least important).

NOTE: each rank number can only be used once

_____ Dual Parents _____ Host siblings (any age) _____ Pets in the home _____ Proximity to school
_____ Public Transit Access _____ Religious family _____ Quiet family _____ Sporty family

Note: MLI Homestay will endeavour to match a host family to what is most important to you. However, MLI Homestay cannot guarantee a match to all top preferences.

ABOUT YOU (Please do not leave this blank)

Why have you chosen to come to Canada and stay in homestay? What do you hope to achieve during your time in Canada?

From what you know of Canada, what would you most like to see or do during your stay?

What expectations do you have of your homestay experience?



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PARTICIPATION AGREEMENT

These rules concern all Participants in the MLI Homestay Program. Please read carefully and sign your name after you fully understand and agree to comply with these rules.

Legal Obligations

- Participants must abide by the federal and provincial laws of Canada and their own native country.
- Participants must only use drugs prescribed by a medical practitioner. The use or possession of any type of illegal drugs (including marijuana/cannabis), or the abuse of prescription or non-prescription medications is an illegal activity in Canada.
- The consumption or possession of alcoholic beverages or cannabis is illegal for persons under the age of 19 (18 in some provinces) and is therefore prohibited.
- Asking an adult to purchase alcohol/cannabis on a minor's behalf is illegal.
- Smoking is not permitted on school property or inside any public building. Purchase of cigarettes and tobacco products is illegal for persons under the age of 19 (18 in some provinces) and is therefore prohibited. Asking an adult to purchase tobacco on a minor's behalf is illegal.
- Violence, aggression, harassment or bullying is strictly forbidden behaviour. *Harassment can be a single incident or a series of incidents including words, acts or gestures of a malicious or abusive nature directed at a person or a group of persons for reasons of: academic ability, age, sex, sexual orientation, disability, economic status, language, race, ethnicity, religion, appearance or colour.*
- Participants are not permitted to drive ANY motorized vehicle or to be a passenger in a vehicle if the driver is under the age of 25 (including: car, moped, scooter, dirt-bike, snowmobile, ATV, Sea-doo etc)
- Participants must not participate in any sexual contact or sexual activity that is inappropriate. In most countries, sexual activity among teens/young adults is considered a breach of moral standards. Participants who are of legal age must not participate in any sexual contact with a person who is under legal age.
- Participants must not accept paid employment or enter into any contractual agreement, be it business, marital or religious.

Cause for Program Termination

- In the event that the Participant does not comply with the rules and regulations, I understand that MLI has the right to terminate participation in the MLI Homestay Program which will result in immediate release of MLI Homestay and MLI Inc.'s responsibility. If this occurs the Participant will be responsible to arrange his/her own accommodation immediately at his/her/parents own expense.
- Participants must maintain school attendance. School expulsion may result in termination of homestay program and custodianship.
- If it is discovered that the Participant and/or parents/legal guardians have knowingly provided false or misleading information as part of the application, homestay program and custodianship may be terminated.
- If the Participant and/or parents/legal guardians fail to notify MLI Homestay of any change relating to the student's physical or mental well-being prior to his/her program departure, and the change affects the success of the homestay program, dismissal of the program may result.
- Incriminating evidence related to inappropriate behaviour or violations of program rules discovered in photos or comments posted online may result in program dismissal.
- Online profiles must be consistent with how students present themselves in application forms. If MLI Homestay or any potential host family discover that the student is different from that portrayed in their application, dismissal from the program may result.

- I, _____ (Participant) agree to the following regulations:
- I will show respect for MLI Homestay staff, coordinators and host families and obey their instructions. I will show respect for my host family and act as a member of the family by obeying the family/house rules.
 - I will voluntarily help with reasonable household chores. I will respect my host family's private affairs.
 - I will not smoke if I have identified myself as a non-smoker on the Application Form.
 - I understand that misrepresenting myself on the Application Form may result in an inappropriate homestay placement. If I must be moved to a new homestay due to this misrepresentation (eg. smoking when identified as a non-smoker, inaccurate report of allergy information), I understand that I/my natural parents will be responsible for a \$350.00 CAD administrative fee.
 - I understand that International phone calls using the host family telephone line require host family approval and I will use a calling card. I understand that Internet usage will be at the discretion of the host family. I know that the family is not responsible for providing a personal telephone or cable line for Participant use.
 - I will not visit any illegal or pornographic website, nor will I download any pornographic images onto my/my host family's computer. I will not download any images, movies, games without the express consent of my host family.
 - When posting pictures, messages or comments on any social media site, I will respect personal honour and NOT post negative or hurtful messages/photos of my peers, my or anyone's family, school staff, and MLI Homestay staff.
 - In case of illness, I will immediately inform my host family or contact the MLI Homestay Department. Any medical expenses incurred will be fully covered by my medical insurance and/or by my parents when the medical expenses are in excess of the insured amount or the procedure is not covered by my medical insurance.
 - I understand that I cannot decide to make any changes to my host family of my own accord. Any change in host family must be preapproved by the MLI Homestay Department.
 - Parents and friends may not visit the student during the program and may not disturb the host family life. MLI Homestay must be contacted with detailed arrangements at least 2 weeks in advance of student vacations and/or other time away from the host family during the program.
 - I am permitted to visit relatives and close family friends only if I have permission from both my host parents and MLI coordinator. I am permitted overnight visits with friends of the same sex with permission from my host parents. I understand that these visits should be occasional and my host parents will contact the parties involved to ensure this visit causes no inconveniences.
 - If I wish to travel, I must submit a TRAVEL REQUEST at least 2 weeks prior to my scheduled trip to MLI Homestay. I understand that I am not permitted to travel overnight without an adult over the age of 25, and that I am financially responsible for fees incurred.
 - I understand that my personal belongings are not covered under the home insurance of the host family.
 - I understand that I am not permitted to enter into a private hosting agreement or custodian agreement with the MLI host family once the time period for the current placement ends. MLI provides both homestay & custodianship for the students.

Participants and parents/legal guardians understand that not following the above rules may have negative effects on the participant's integration in the host family, community and/or success in school. **Participant also agrees to the above rules even if 18 years of age or older before or during the program.** I/we acknowledge that we have read, understood and agree to all of the above conditions of the Participation Agreement.

PARTICIPANT NAME	PARTICIPANT SIGNATURE	DATE (YYYY / MM / DD) ____/____/____
PARENT/GUARDIAN (1) NAME	PARENT/GUARDIAN (1) SIGNATURE	DATE (YYYY / MM / DD) ____/____/____
PARENT/GUARDIAN (2) NAME	PARENT/GUARDIAN (2) SIGNATURE	DATE (YYYY / MM / DD) ____/____/____



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GENERAL AGREEMENT AND RELEASE

As the parent/legal guardian of: _____ (Participant name),

1. I am aware of and approve of my/our child's decision to participate in the MLI Homestay program in Canada.
2. I have read and signed the "Participation Agreement" as set forth for my/our child by MLI Homestay.
3. I agree that all the information in the application is true to the best of my/our knowledge and that any falsification of information may lead to the dismissal of my child from the program.
4. I/we agree that the Participant is capable of participating safely in all such activities, except as otherwise advised in writing.
5. The undersigned Participant is in good health and has not been exposed to any infectious disease during the 4 weeks immediately prior to his/her arrival in Canada; otherwise, we agree to notify MLI Homestay immediately and cancel or delay the Participant's arrival in Canada.
6. I/we agree to pay for the expenses incurred by or on behalf of the undersigned student, related to their participation in MLI Homestay programs, including but not limited to the Participant's long-distance telephone expenses, internet overuse expenses, any damages caused to the host family's home from the result of negligence or intent, and medical expenses.
7. I/we agree to provide sufficient funding for my/our child's personal spending and travel expenses.
8. I/we agree to obtain all necessary and sufficient insurance.
9. I/we permit MLI Homestay to use any photographs, images or videos of my/our child in their promotional materials.
10. I hereby waive, release and absolve and agree to indemnify and save harmless MLI Inc., MLI Homestay, the Host Family from all liability arising from my child's participation in the Homestay program, except such as results solely from its or their willful neglect or willful default.
11. I am aware that if my child or myself changes their custodian to a non-MLI assigned custodian, MLI will terminate their homestay. MLI only provides homestay and custodianship together. If this occurs the Participant will be responsible to arrange his/her own accommodation, outside of MLI, immediately at his/her/parents own expense MLI must be provided with copies of the new custodian forms in order for this change to be acknowledged. Refunds would not be provided should this occur.
12. I am aware that my child or myself are not permitted to enter into a private hosting or custodian arrangement with our MLI host family once the time period for the current placement ends. Students and/or host families must wait a minimum of 6 months after their placement through MLI has finished, before any non-MLI hosting arrangement can be made with an MLI host family. Failure to comply with this could result in MLI taking legal action. MLI provides both homestay and custodian services for students.
13. I am aware that the application is not processed until MLI Homestay deposit fee is paid by the participant and received by MLI Homestay.
14. Should a student request to move (and it is approved) or their host family asks them to move, there will be a charge of \$500. This must be paid before the move will be finalized

I/we acknowledge that we have read, understood and agree to all of the above conditions of the General Agreement and Release.

PARTICIPANT NAME	PARTICIPANT SIGNATURE	DATE (YYYY / MM / DD) ____/____/____
PARENT/GUARDIAN (1) NAME	PARENT/GUARDIAN (1) SIGNATURE	DATE (YYYY / MM / DD) ____/____/____
PARENT/GUARDIAN (2) NAME	PARENT/GUARDIAN (2) SIGNATURE	DATE (YYYY / MM / DD) ____/____/____



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CUSTODIANSHIP AGREEMENT

Please complete this page of the application only if you have elected to retain the Custodianship Services of MLI Homestay.

A minor in Canada is defined as under the age of majority which is under the age of 18 years old (19 years old in British Columbia, Nova Scotia, and New Brunswick). If you are considered a minor in Canada and wish to stay in homestay or study in Canada, you will require a custodian. While you require a custodian in order to obtain your study permit from Citizenship and Immigration Canada (CIC). MLI Homestay also requires that any minor travelling to Canada alone without a parent or teacher/adult chaperone who will act on behalf of the parent requires a custodian to stay in homestay. The Custodianship service includes the following:

- Preparation of notarized Custodianship documents.
- Orientation with the Participant by an MLI Homestay representative at the beginning of stay
- Maintaining contact with the student to ensure safety and well-being
- Signing parental waivers for school-related functions and activities
- Providing access to 24-hour emergency contact

As the parent/legal guardian of: _____ (Participant Name), I/we confirm that:

- Participant is a student registered in full-time studies with a local Canadian secondary school or university/college;
- Participant is under the age of 18 (19 in British Columbia and New Brunswick)
- Participant does not have any adult relatives residing in the province where he/she will be studying/participating in the homestay program;
- Participant commits to staying with a MLI Homestay appointed host family until their 19th birthday and agrees to find a new custodian when ending the MLI Homestay program;
- I/we and the Participant understand that MLI Homestay is my custodian and responsible for me for the duration of my academic and homestay program. I also understand that this responsibility ends when I return to my home country or after the date stated on the notarized custodianship document, whichever comes first.
- I/We and the Participant have read, understood and agreed to the conditions of the MLI Homestay Participation Agreement and General Agreement and Release. This confirms agreement to MLI Homestay standards and conditions that if they are not met will void the custodianship. I understand that dismissal from the program shall result in termination of custodianship and immediate release of MLI Homestay's responsibility as custodian. Failure to provide an independent custodian will result in a Report to Citizenship and Immigration Canada to subsequently nullify the Study Permit.

TRIPS, ORGANIZED SPORTS AND ACTIVITIES

1. I/we grant permission for my/our child to participate in school organized and supervised field trips, and regular sports activities.
2. I/we authorize MLI Homestay and my/our child's homestay parents to approve and sign permission slips for any school sponsored field trips, sports teams, club activities and other extra-curricular activities at their discretion. I/we also understand that if my child is considering participating in a school-sponsored high risk activity, I/we will be notified and acknowledge that I/we may be asked to sign an additional waiver form specific to that event or activity. I/we may choose at that time to decline my/our permission.
3. I/we authorize MLI Homestay and Host Parents to make the determination for student travel for the duration of the student's participation. It is understood that this authorization is given in advance only when the Participant is traveling and supervised by a Host parent or a representative of a school program or any tour operator approved by MLI Homestay. I/we understand that the Participant may not travel unsupervised.
4. I/we grant permission for my/our child to participate in what may be deemed as high-risk activities as follows:

ACTIVITY	PERMISSION	ACTIVITY	PERMISSION	ACTIVITY	PERMISSION
Snow Tubing	<input type="checkbox"/> YES <input type="checkbox"/> NO	American Football/Rugby	<input type="checkbox"/> YES <input type="checkbox"/> NO	Cycling	<input type="checkbox"/> YES <input type="checkbox"/> NO
Snowboarding	<input type="checkbox"/> YES <input type="checkbox"/> NO	Indoor Rock Climbing	<input type="checkbox"/> YES <input type="checkbox"/> NO	Horseback Riding	<input type="checkbox"/> YES <input type="checkbox"/> NO
Skating (Roller or Ice)	<input type="checkbox"/> YES <input type="checkbox"/> NO	Snowmobiling	<input type="checkbox"/> YES <input type="checkbox"/> NO	Canoeing/Kayaking	<input type="checkbox"/> YES <input type="checkbox"/> NO
Ice Hockey	<input type="checkbox"/> YES <input type="checkbox"/> NO	Motorized Water Sports	<input type="checkbox"/> YES <input type="checkbox"/> NO	Swimming	<input type="checkbox"/> YES <input type="checkbox"/> NO
Skateboarding	<input type="checkbox"/> YES <input type="checkbox"/> NO	Skiing (Downhill/Cross-Country)	<input type="checkbox"/> YES <input type="checkbox"/> NO		

I/we acknowledge that we have read, understood and agree to all of the above conditions of the Custodianship Agreement.

PARTICIPANT NAME	PARTICIPANT SIGNATURE	DATE (YYYY / MM / DD) ____/____/____
PARENT/GUARDIAN (1) NAME	PARENT/GUARDIAN (1) SIGNATURE	DATE (YYYY / MM / DD) ____/____/____
PARENT/GUARDIAN (2) NAME	PARENT/GUARDIAN (2) SIGNATURE	DATE (YYYY / MM / DD) ____/____/____

CONDITIONS

GREEN TRAVEL REQUEST FORM

Overnight trips with Host Family may include unique trips, or regular visits to a family cottage or relative's home.

Note: Any trip that have a travel cost greater than \$200 CAD will be moved to the ORANGE level, and will require Natural Parental Permission.

YELLOW TRAVEL REQUEST FORM

Conditions for travel On Own/With Friends, Out of Community

Students MUST adhere to the following travel conditions.
Failure to abide will result in this privilege being revoked by MLI Homestay

- Must travel on public transportation that is frequent and reliable
- May NOT travel in car driven by person under age of 25, or in a taxi/uber/Lyft etc
- Must communicate plan clearly with host family and MLI Homestay – including where going, with whom
 - Bus/train number + To and From
 - To include time of departure and time of arrival back home
 - To include full name (first and last name) and phone number of friends who are travelling with them
- Must be back at host family home by 20:00 (or receive PRIOR MLI Homestay and Host Family permission if event will be later)
- Must plan travel well – NOT wait for last bus/train back
- May NOT miss school

Conditions for With Friends, In Community, Sleepover

Specific to British Columbia - students taking a ferry to Vancouver or Victoria must submit TRF and obtain approval prior to travel.

Requests for a SLEEPOVER must meet the following criteria to be approved.
Host Family for the overnight is:

- An approved MLI Homestay family (ie. Friend is another MLI Homestay student)
- An approved host family from another reputable Homestay Company (ie. Friend is international student from different organization)
- A local family who has agreed to host (ie. Friend is a local Canadian)

ORANGE TRAVEL REQUEST FORM

Day Trip: For any student living in a city that borders the USA (ie. Windsor, Thunder Bay, Vancouver) in which the host family regularly travels to the USA for shopping, entertainment etc, a separate waiver may be arranged to allow for a more open permission to allow cross-border travel by the host family and/or the school.

BLUE TRAVEL REQUEST FORM

Specifically for students in Ontario communities bordering Quebec in select school boards only. Travel must be with accompanying adult (25 yrs+) ie. Host family or school trip. **Only for students in Catholic East, Upper Canada, Ottawa Catholic, Ottawa Carleton and Renfrew school boards in Ontario**

TRAVEL NOT PERMITTED

For the safety of all participants, students MAY NOT simply choose to stay over a friend's house without prior approval from MLI Homestay and/or their host family in a home that has not been vetted and approved.

NOTE:

It is the student's responsibility to monitor the timelines for submitting travel plans, to allow MLI Homestay to arrange the required permissions. Last minute travel requests may not be accepted.

Online TRF



<https://www.mlihomestay.com/travel-request-form/>



HIGH SCHOOL PROGRAMME IN CANADA

TRAVEL REQUEST – GREEN

OPEN WAIVER – TO BE FILLED OUT ONCE BY PARENTS AT START OF PROGRAMME. WILL APPLY FOR DURATION OF STUDENT'S PROGRAMME.

I/We the parents of _____, understand that by signing this general open waiver, I/we permit my/our child to arrange the following trips **with no further authorization needed**. We understand that my/our child will be responsible for any fees associated with the planned travel.

NOTE:

Any trips that have a travel cost greater than \$200 CAD will be moved to the ORANGE level and will require Natural Parental Permission.

WITH WHOM	TYPE	WHERE
With the Host family	Day Trip	In Community & Out of Community
	Overnight*	
With the School	Day Trip	
With MLI HOMESTAY and/or Local Coordinator	or Overnight	

*Overnight trips with Host Family may include unique trips, or regular visits to a family cottage or relative's home.

Please sign and send back this page to your agency and/or MLI HOMESTAY

Signature Parent 1: _____	Date: _____
Signature Parent 2: _____	Date: _____
Student's signature: _____	Date: _____

TRAVEL REQUEST – YELLOW

LIMITED WAIVER – TO BE FILLED OUT ONCE BY PARENTS AT START OF PROGRAMME. WILL APPLY FOR DURATION OF STUDENT’S PROGRAMME.

I/we the parents of _____, understand that by signing this general limited waiver, I/we permit my/our child to arrange the following trips **with prior permission from the host family and/or the MLI HOMESTAY Custodian or local coordinator (within the timeframe and format stated)**

WITH WHOM	TYPE	WHERE	STUDENT TO REQUEST PERMISSION			
			MLI HOMESTAY	HOST FAMILY	HOW	WHEN?
On Own	Day Trip	In Community Only		x	Email or text	Prior to going
	Day Trip	In Community		x	Email or text	Prior to going
	Day Trip	Out of Community*	x	x	Online TRF	2 working days prior
With Friends	Overnight	In Community –SLEEPOVER**	x	x	Email/text to LC/AYPC	2 working days prior
	Day Trip	In Community		x	Email or text	Prior to going
With a local club (sport, art etc)	Day Trip	Out of Community	x		Club Permission Form, Email/text to LC/AYPC	2 working days prior
	Overnight	In Community ONLY	x		Club Permission Form	2 working days prior
	Day Trip	In Community		x	Email or text	Prior to going

Online TRF (Travel Request Form)- <https://www.mlihomestay.com/travel-request-form/>

*Conditions for travel On Own/With Friends, Out of Community	<p>Students MUST adhere to the following travel conditions. Failure to abide will result in this privilege being revoked by MLI HOMESTAY</p> <ul style="list-style-type: none"> Must travel on public transportation that is frequent and reliable May NOT travel in car driven by person under age of 25, or in a taxi/uber/Lyft etc Must communicate plan clearly with host family and MLI HOMESTAY – including where going, with whom <ul style="list-style-type: none"> Bus / train number +To and From To include time of departure and time of arrival back home To include full name and phone number of friends who are travelling with them Must be back at host family home by 20:00 (or receive <u>PRIOR</u> MLI HOMESTAY and Host Family permission if event will be later) Must plan travel well – NOT wait for last bus/train back May NOT miss school
** Conditions for With Friends, In Community, Sleepover	<p>Requests for a SLEEPOVER must meet the following criteria to be approved.</p> <ul style="list-style-type: none"> Student must submit email/text to LC/AYPC 2 days in advance with details of sleepover family <p>Message must include the following for consideration and approval:</p> <ol style="list-style-type: none"> Name of student who has invited you to sleep over Name, address and telephone # /email of adult/parent where you will be sleeping Indicate sleepover family is... <ol style="list-style-type: none"> An approved CISS MLI family (ie. Friend is another CISS MLI student) An approved host family from another reputable Homestay Company (ie. Friend is international student from different organization) A local family who has agreed to host (ie. Friend is a local Canadian) Will there be an adult home during the night Have you already talked with your own host family about this and received their agreement? What is your plan to get there/home?

Please sign and send back this page to your agency and/or MLI HOMESTAY

Signature Parent 1: _____ Date: _____

Signature Parent 2: _____ Date: _____

Student’s signature: _____ Date: _____

TRAVEL REQUEST FORM REQUIRED - ORANGE

THE FOLLOWING TRAVEL REQUESTS REQUIRE NATURAL PARENTAL PERMISSION FOR EACH REQUEST.

A TRF (Travel Request Form) must be submitted by the student within the appropriate timeframe, and will require Natural Parental Permission, within the appropriate timeframe, to allow the student to travel as per each individual plan.

It is the student's responsibility to monitor the timelines for submitting travel plans, to allow MLI HOMESTAY to arrange the required permissions. Last minute travel requests may not be accepted.

WITH WHOM	TYPE	WHERE	STUDENT TO REQUEST PERMISSION			
			MLI HOMESTAY	NATURAL PARENTS	HOW	WHEN?
On Own with friends of the Natural Family or Extended Family/Relatives	Day Trip or Overnight	In Community & Out of Community	x	x	Online TRF	10 Working Days Prior
With a local club (sport, art etc)	Overnight	Out of Community	x	x	Online TRF Club Permission Form	
ANY TRAVEL (except On Own or With Friends)	Day Trip* or Overnight	Out of Canada	x	x	Online TRF	

Online TRF (Travel Request Form)- <https://www.mlihomestay.com/travel-request-form/>

**For any student living in a city that borders the USA (ie. Windsor, Sault Ste. Marie, Brockville) in which the host family regularly travels to the USA for shopping, entertainment etc, a separate waiver may be arranged to allow for a more open permission to allow cross-border travel by the host family and/or the school.*



HIGH SCHOOL PROGRAMME IN CANADA



TRAVEL REQUEST FORM - BLUE

****Only for students in Catholic East, Upper Canada, Ottawa Catholic, Ottawa Carleton and Renfrew school boards in Ontario****

OPEN WAIVER – TO BE FILLED OUT ONCE BY PARENTS AT START OF PROGRAMME. WILL APPLY FOR DURATION OF STUDENT’S PROGRAMME.

I/We the parents of _____, understand that by signing this general open waiver, I/we permit my/our child to arrange the following trips out of province **with no further authorization needed**, provided they are travelling with an accompanied adult. We understand that my/our child will be responsible for any fees associated with the planned travel.

NOTE:

Any trips that have a travel cost greater than \$200 CAD will be moved to the ORANGE level, and will require Natural Parental Permission.

WITH WHOM	TYPE	WHERE
With the Host family	Day Trip	Cross border province (ONTARIO/QUEBEC)
	Overnight	
With the School	Day Trip	
With CISS MLI and/or Local Coordinator	or Overnight	

Travel on own with friends is not permitted. Students must be accompanied out of province by adult 25 years+.

Please sign and send back this page to your agency and/or CISS MLI

Signature Parent 1: _____	Date: _____
Signature Parent 2: _____	Date: _____
Student’s signature: _____	Date: _____

TRAVEL NOT PERMITTED - RED

THE FOLLOWING TRAVEL REQUESTS ARE NOT PERMITTED UNDER THE MLI HOMESTAY PROGRAMME

WITH WHOM	TYPE	WHERE
On Own	Overnight	In Community – SLEEPOVER with a Host Family who is unknown to MLI HOMESTAY must be pre-approved in advance. <i>** For the safety of all participants, students MAY NOT simply choose to stay over a friend's house without prior approval from MLI HOMESTAY and/or their host family in a home that has not been vetted and approved.</i>
	Overnight	In Community & Out of Community
	Day Trip	Out of Community
	Overnight	
	Day Trip or Overnight	Out of Canada
With Friends	Overnight	Out of Community
	Day Trip or Overnight	Out of Canada



HIGH SCHOOL PROGRAMME IN CANADA

HIGH RISK ACTIVITY WAIVER

WARNING, ASSUMPTION of RISK, LIABILITY RELEASE, INDEMNITY and HOLD HARMLESS AGREEMENT

PLEASE READ CAREFULLY BEFORE SIGNING.

THIS IS A RELEASE OF LIABILITY AND WAIVER OF CERTAIN LEGAL RIGHTS.

Student's Name	<i>(Hereinafter referred to as 'Student')</i>
Destination	
Sport/Activity	<i>(Hereinafter referred to as 'The Activity')</i>
Accompanied by	
Date of Activity	

SKIING/SNOWBOARDING



Students who check this box are confirming they have indicated their ski level on the MLI CISS application form, and therefore will be permitted to have a blanket waiver for ski/snowboard season by signing this form. Any waivers required by the ski hills directly will also require natural parents' signature.

Note: For students who are beginner level or trying ski/snowboard activity for the first time: they MUST get at minimum 1 lesson at the ski hill (at their cost). This is a requirement for them to ski/snowboard. They must also never go alone to the hill – always with their host family or other responsible adult

PARTIES:

"The Undersigned" applies to both the Student and the Student's parent or legal guardian when the Student is under the age of 18.

The Undersigned agree and understand that the Activity has the potential to be HAZARDOUS AND INVOLVE THE RISK OF PHYSICAL INJURY OR DEATH.

The Undersigned agree and understand that there are risks associated with strenuous physical exertion and with participating in the Activity, injuries and/or death may result from engaging in the Activity. The Undersigned agree and understand that risks include, but are not limited to: use of equipment and ropes, equipment failure, improper use of equipment, slipping, falling, natural and manmade hazards, surface and environmental conditions, changing weather conditions, uneven and/or slippery conditions, the condition of the Student, dehydration, and high elevation.

In consideration for allowing the Student to participate in the Activity, the Undersigned hereby assume all risks associated with the Student's participation in the Activity. Additionally, The Undersigned AGREE TO



HIGH SCHOOL PROGRAMME IN CANADA

HOLD HARMLESS, RELEASE, DEFEND AND INDEMNIFY CISS Inc., MLI Inc., MLI Homestay Inc., all of their employees and coordinators, the sending organization/agency, the school in which the Student is placed, and the family with whom the Student resides (each referred to hereinafter as a "Released Party") from any and all liability and/or claims for injury or death to persons or damage to property arising from the Student's participation in the Activity, including those claims based on any Released Party's alleged or actual NEGLIGENCE or BREACH OF any express or implied warranty.

By signing this release, the Undersigned agree NOT TO SUE any Released Party and agree they are releasing any right to make a claim or file a lawsuit against any Released Party. The Undersigned further AGREE TO DEFEND AND INDEMNIFY each Released Party for any and all claims of the Undersigned and/or a third party arising in whole or in part from the Student's participation in the Activity. The Undersigned agree to pay all costs and attorney's fees incurred by any Released Party in defending a claim or suit brought by or on behalf of the Undersigned.

In the case of a minor Student, the undersigned parent or legal guardian acknowledges that he/she is also signing this release on behalf of the minor Student and that the minor Student shall be bound by all the terms of this release. Additionally, by signing this release as the parent or legal guardian of a minor Student, the parent or legal guardian understands that he/she is waiving certain rights on behalf of the minor that the minor otherwise may have. The undersigned parent or legal guardian agrees that but for the foregoing, the minor Student would not be permitted to participate in the Activity.

By signing as the parent or guardian of the Student, the Undersigned assumes representation as the legal parent or guardian of the minor Student AND ACCEPTS FULL RESPONSIBILITY.

This release shall be binding to the fullest extent permitted by law. If any part of this release is deemed to be unenforceable, the remaining terms shall be an enforceable contract between the parties. This release shall be binding upon the assignees, subrogors, distributors, heirs, next of kin, executors and personal representatives of the Undersigned.

I HAVE CAREFULLY READ THE FOREGOING LIABILITY RELEASE, UNDERSTAND ITS CONTENTS, AND AM AWARE THAT I AM RELEASING CERTAIN LEGAL RIGHTS THAT I OTHERWISE MAY HAVE.

Please sign and send back this page to your agency and/or CISS MLI

Parent Signature: _____

Parents Full Name: _____

Date: _____