

SHUKUTOKU YONO SCHOOL VISIT
Sept. 30th, 2016 to Oct 3rd - 3 nights
Host Family Application

Cornerstone Christian Academy

Last Name:	Father's Name:	Mother's Name:		
Address:		Telephone Numbers:		
		(Home)		
		(Cell)		
		(E-mail)		
Children's Names: (all family members who will be home during the weekend)		Sex:	Age	Birthdate

Please provide the following information as some students may have allergies:

Does anyone in your house smoke? no / yes inside? outside only

A \$45 fee will be paid to host families to cover expenses for each student for three nights (\$15 per student, per night). If you would like to waive receipt of the fee, the \$45 will be contributed directly to Cornerstone Christian Academy. Please check the appropriate box and sign below.

I hereby waive the host family fee. Please donate this amount to CCA.

I do not wish to waive the host family fee.

I hereby waive the host family fee in lieu of Service Hours covered for the year.

Signature (one parent) _____ Date _____