

# AIL FOR KIDS VIETNAM MOTHERLAND TOUR

## APPLICATION

*Aid for Kids staff is planning a unique tour for families and adoptees which will include visits to significant sites in the beautiful country of Vietnam and visits to the orphanages and hospitals and other humanitarian programs.. Visits with birth families may be possible for some families, if requested.*

*Please return this application with the fee of \$200 to reserve your space on the tour.*

*Each family must complete page 1 of the application form. Each family member must complete page 2 of the application form. Send forms to Dawn Degenhardt, Aid for Kids, 613 Dundee Lane, Holmes Beach, Fl.34217 or email to dawn@degenhardtfoundation.org.*

**Person to be Contacted:** \_\_\_\_\_

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**Mother's Name:** \_\_\_\_\_ **Touring?** Yes \_\_\_\_\_ No \_\_\_\_\_  
**Address:** \_\_\_\_\_

**Work Phone** \_\_\_\_\_ **Home Phone** \_\_\_\_\_  
**Fax** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_  
**Work E-Mail** \_\_\_\_\_ **Home E-mail** \_\_\_\_\_  
**Best Time** \_\_\_\_\_ **Best Number to Reach you** \_\_\_\_\_

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**Father's Name:** \_\_\_\_\_ **Touring** Yes \_\_\_\_\_ No \_\_\_\_\_  
**Address:** \_\_\_\_\_

**Work Phone** \_\_\_\_\_ **Home Phone** \_\_\_\_\_  
**Fax** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_  
**Work E-Mail** \_\_\_\_\_ **Home E-Mail** \_\_\_\_\_  
**Best Time** \_\_\_\_\_ **Best Number to Reach you** \_\_\_\_\_

**Family Members (or friends) Traveling:**

<b>Name</b>	<b>Age</b>	<b>Adopted</b>	<b>Orphanage</b>	<b>Year Adopted</b>

# INFORMATION FORM

COMPLETE THIS FORM FOR EACH TRAVELING PERSON

PLEASE PRINT CLEARLY AND AS IT APPEARS IN YOUR PASSPORT.

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ Birthplace \_\_\_\_\_

Passport Number \_\_\_\_\_ Place Issued \_\_\_\_\_

Date Issued \_\_\_\_\_ Date Expires \_\_\_\_\_

Occupation \_\_\_\_\_ Education \_\_\_\_\_

***YOU MUST HAVE A PASSPORT AND A VISA TO VISIT VIETNAM. You will need two passport and two visa pictures. Aid for Kids will supply visa information and forms.***

*May we share your general information with others going on the tour? Yes \_\_\_\_\_ No \_\_\_\_\_*

*Please indicate T-Shirt Size - Child \_\_\_\_\_ Youth \_\_\_\_\_ Adult \_\_\_\_\_*

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## ADOPTION INFORMATION

*If you were adopted or are the parent of an adopted child please complete:*

*Birth name \_\_\_\_\_ Age at time of adoption \_\_\_\_\_*

*Has there been contact with the birth family \_\_\_\_\_*

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*Are you open to or wish to have contact with the birth family \_\_\_\_\_*

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*What has been your (your child's) experience being part of an interracial family*

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*What are your expectations for your trip \_\_\_\_\_*

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*List the number of double occupancy rooms your family will require \_\_\_\_\_  
(Single Accommodations may be available at a supplemental cost.)*

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COMMENTS: This is a great adventure for you and your family. It is both challenging and exciting. You will encounter many experiences – a completely different culture and heritage. It may trigger feelings and thoughts you never knew you had – from amazement to joy to sadness.

This tour will include long plane rides, long bus rides, long boat rides and long walks sightseeing. It will be hot and humid and not always will there be air conditioning available. Food and restaurants are very different than ours – few American style fast food restaurants in Vietnam. If you have any dietary requirements you might not always have available what you want. Please bring appropriate snack foods in an emergency. You may find some days to be physically and emotionally strenuous. There may be days that you may choose not to join the activities for that day.

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#### MEDICAL HISTORY

Do you have any medical condition that is currently being monitored or treated for? \_\_\_\_\_

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List all current medications.\_\_\_\_\_

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List all allergies to medications, food, insects, or other substances.\_\_\_\_\_

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List all dietary restrictions.\_\_\_\_\_

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List any physical limitations which may limit your participation\_\_\_\_\_

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Have you received psychiatric, psychological or counseling treatment during the last year? \_\_\_\_\_

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Please circle if you have any history of the following conditions: Arthritis, Allergies, Asthma, Cancer, Depression, Diabetes, Epilepsy, Heart Disease, High Blood Pressure, Substance Abuse, Psychiatric Disorder, Rheumatism, Other.

If yes to any of these conditions please explain.\_\_\_\_\_

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Is there anything that you feel we should be made aware of, i.e., major illnesses, surgeries, treatments, or other conditions.

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Signature

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Date