

**This is the registration form, it must be completed and returned by e-mail.**

You can access the services of this association as soon as we have received **the full registration file** consisting of:

1. The registration form including:
  - ✓ the written contribution of the parents and child,
  - ✓ the reference from the appropriate language teacher of the child,
  - ✓ contact details for two people (not related to you) who have known your family for a number of years. Please also attach a photocopy of those friend's driver's license, passport or ID.
2. A copy of our terms and conditions signed by the child's legal guardian.
3. Photos of the child, the family and the place of residence send by e-mail at [usa@kinderexchange.org](mailto:usa@kinderexchange.org) or [contact@kinderexchange.org](mailto:contact@kinderexchange.org)
4. A photocopy of the child's birth certificate or, in special cases a copy of the court decision giving parental authority to the undersigned regarding any decision related to the protection of minors (guardianship, curatorship, etc.),
5. Payment of 400 € by wire transfer as described in the terms and conditions in sections 8 and 9.

On receipt of your application form, we will contact you by phone or e-mail and begin the process of research and linking.

### Contacts in United States :

Anne Le Jaouen  
Sonia Naeveke  
Anne Lise Bighinatti  
E-mail : [usa@kinderexchange.org](mailto:usa@kinderexchange.org)

### Contact in France :

Laure Colombier Chevalier  
E-mail : [contact@kinderexchange.org](mailto:contact@kinderexchange.org)

Kinder Exchange Non Profit Organisation  
2 Rue Royale  
77300 Fontainebleau  
FRANCE

## REGISTRATION FORM

Applicant Last name: \_\_\_\_\_

First name: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Age: \_\_\_\_\_

Nationality: \_\_\_\_\_

Gender : \_\_\_\_\_

E-mail: \_\_\_\_\_ @ \_\_\_\_\_

Cell phone: \_\_\_\_\_

Home phone: \_\_\_\_\_

Last and first name's Father/Legal Guardian:

Last and first name's Mother/Legal Guardian:

\_\_\_\_\_

\_\_\_\_\_

Nationality: \_\_\_\_\_

Nationality: \_\_\_\_\_

Profession: \_\_\_\_\_

Profession: \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

Country: \_\_\_\_\_

Country: \_\_\_\_\_

Cell office: \_\_\_\_\_

Cell office: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

E-mail : \_\_\_\_\_

E-mail : \_\_\_\_\_

Marital status (married, divorced, separate, single, civil partnership, widower): \_\_\_\_\_

Particular situation (sharing parental authority or judicial authority if necessary): \_\_\_\_\_

Religion (optional response): \_\_\_\_\_

Church-goer (optional response):            yes            no

First name of brothers and sisters with their ages and gender:

- \_\_\_\_\_ - \_\_\_\_\_

- \_\_\_\_\_ - \_\_\_\_\_

- \_\_\_\_\_ - \_\_\_\_\_

- \_\_\_\_\_ - \_\_\_\_\_

School: \_\_\_\_\_

School's address: \_\_\_\_\_

Years of French studies at school: \_\_\_\_\_

Level :                            - beginner            - intermediate            - advanced

Has your child spent time in French speaking countries? If so, where and for how long?

\_\_\_\_\_

\_\_\_\_\_

Destination you want for your child: \_\_\_\_\_



## Personality

Tick:                      Not at all ☒                      A little ☒☒                      Very ☒☒☒

Active				Expansive			
Affectionate				Easy going			
Anxious				Intellectual			
Talkative				Mature			
Quiet				Sensitive			
Resourceful				Serious			
Cool				Helpful			
Distracted				Sociable			
Enthusiastic				Shy			



## Hobbies

Tick:                      Never ☒                      Sometimes ☒☒  
                                  Often ☒☒☒                      Favorite activity ☒☒☒☒

Ballet					Martial Arts				
Ball games					Model making				
Baseball					Modern dance				
Bicycling					Modern music				
Camping					Museum				
Canoeing					Pets				
Chess					Reading				
Cinema					Rugby				
Classical music					Running				
Computer					Shopping				
Cooking					Swimming				
Cricket					Talking				
DIY (do-it-yourself)					Television				
Fishing					Tennis				
Football					Theater				
Games					Travelling				
Golf					Video games				
Hiking					Volleyball				
Horse riding					Windsurfing				
Ice skating					Other.....				

Others activities: \_\_\_\_\_

Competitive sport: \_\_\_\_\_

Which of the following activities does your family engage in?

Community/charity involvements and others points of interest: \_\_\_\_\_

Playing musical instrument(s): \_\_\_\_\_

Do you have any pets? If so, please specify? \_\_\_\_\_

## Welcome Home



**Important! Please send us by e-mail some pictures of your family, your child and home environment.**  
It really helps us to match you with the right family!

Delete as appropriate: House– Apartment - City -Suburb - Rural area-Backyard - Access to a public square

What do you have at home? And how many?

Car(s): .....	CD/DVD : .....	Others (trampoline, Swimming- pool, Children play house, etc.) .....
Computer(s): .....	TV: .....	
Wifi: .....	Bicycle(s): .....	
Video games: .....	Table tennis : .....	

Approximate size of home: \_\_\_\_\_

How many rooms do you have? \_\_\_\_\_ How many bathrooms do you have? .....

Is your household non smoking?            yes            no

## About the exchange

What activities would you think of doing with your visiting child? \_\_\_\_\_

\_\_\_\_\_

What museums/galleries/places of interest are there near your home? \_\_\_\_\_

\_\_\_\_\_

Does anyone in your family speak fluent French?            yes            no

From which airports or train stations could you collect your visiting child? \_\_\_\_\_

What are your preferred dates for travelling abroad? \_\_\_\_\_

\_\_\_\_\_

What are your preferred dates for hosting child? \_\_\_\_\_

\_\_\_\_\_

## Medical

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Diet: \_\_\_\_\_

Allergies (asthma, food, medications, etc.): \_\_\_\_\_

\_\_\_\_\_

What to do in case of an allergic crisis? \_\_\_\_\_

\_\_\_\_\_

Particular health problems: \_\_\_\_\_

\_\_\_\_\_

Will your child be required to take any medication/treatment during the exchange? \_\_\_\_\_

\_\_\_\_\_

Does your child wear contact lenses, glasses, hearing aids, orthodontic plates or other appliances?

\_\_\_\_\_

\_\_\_\_\_

## Reasons for the exchange

What would you expect this family stay?

Parents :

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How did you hear about Kinder Exchange? Friends/School/Internet/Press/Other \_\_\_\_\_

Child (hand written by him/her):

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Signature of child:

## Recommendation from your French teacher

Would this child benefit from an exchange? Is she/he suitable?

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Teacher's name: \_\_\_\_\_

School: \_\_\_\_\_

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

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Date : \_\_\_\_\_ Signature

Accordance with the Act of 6 January 1978, the family can access its data to modify, rectify and delete them. To exercise this right, the family sends a mail or email to the address listed in the header of this document. Following the recommendations of the CNIL (Commission Nationale Informatique et Libertés), the association does not keep data and information on the family after a year of signing the registration form.

Please, tick the case, if you agree with the data collect regarding health and religion.

**The family acknowledges the accuracy of the information provided and will inform the association in case of any changes.**

**The family has read and agrees to the terms and conditions of Kinder Exchange that are provided with the application form.**

**CANCELLATION (formula to be copied by hand writing)**

I agree that should my child stay with a host family and I subsequently, for whatever reason, cannot reciprocate the exchange, I will reimburse Kinder Exchange the sum of 1500 € so that the association can find a replacement family.

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**Read and approved (Form to be copied by hand writing)**

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Date : \_\_\_\_\_ Signature : \_\_\_\_\_

**First certification of family reference**

Short description of the family and the child

Last and first name: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Country : \_\_\_\_\_

E-mail : \_\_\_\_\_ @ \_\_\_\_\_

Cell phone : \_\_\_\_\_

Home phone : \_\_\_\_\_

**I, the undersigned** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Attach a photocopy of your driver's license, ID or passport.**

Date : \_\_\_\_\_ Signature : \_\_\_\_\_

**Second certification of family reference**

Short description of the family and the child

Last and first name: \_\_\_\_\_

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

\_\_\_\_\_

Country : \_\_\_\_\_

E-mail : \_\_\_\_\_ @ \_\_\_\_\_

Cell phone : \_\_\_\_\_

Home phone : \_\_\_\_\_

**I, the undersigned** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Attach a photocopy of your driver's license, ID or passport.**

Date : \_\_\_\_\_ Signature : \_\_\_\_\_