FAMILY PREFERENCE FORM
SUMMER PROGRAM IN THE ALPS
to be completed and returned as quickly as possible

NAME: ___________________________ AGE: _______

Birthdate DD__ MM ___ YY _______

Passport number ____________________ (if you do not yet have a passport, leave blank)

( Check all that apply ) Do you prefer to live with
___ an individual ___ a couple
___ people with small children ___ people with teenage children

Do you prefer to live with
___ sedentary people ___ physically active people

Must you live with a family that
___ smokes ___ does not smoke ___ (doesn’t matter)

Do you wish to share normal family life or do you prefer to be somewhat more independent?
___ family life ___ independent

Do you mind living one or two miles outside of central Faverges, requiring a 10- or
15-minute bicycle ride to class? (Some students have really liked this!)
___ I don’t mind ___ I’d prefer it ___ I’d rather not!

Do you have any allergies (pets, foods, drugs, etc.)? Please explain:

Do you have any health/dietary/religious restrictions? Please explain:

Do you have any hobbies? (musical instrument, hiking, specific sports, photography, cooking,
etc.) Please name some of your pastimes:

This information will be used to place you with the best family possible, given your preferences...and theirs!