

CITY OF NEW BRUNSWICK

Department of Planning, Community and Economic Development
25 Kirkpatrick Street, Civic Square, 2nd Floor
PO Box 269
New Brunswick, NJ 08903
732-745-5174, Fax: 732-565-7532
E-mail: mtublin@gmail.com

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Basic guidelines for home-stay families

1. Home-stay families provide students:
 - a) their own bed - students can share a room but each student needs their own bed;
 - b) Meals when in the home, beginning with breakfast.
 - c) Transportation to/from Woodrow Wilson School and other activities in New Brunswick.
2. At least one parent must be home when Hungarian students are there.
3. Students may be transported only by home-stay parents, they **may not** be transported by any other family member.
4. No alcohol, including wine or beer will be offered students.
5. As a Host Family, you agree to accept in your home, people from another country, culture and/or religious preference, who may have minimal ability with your language and who may have customs different from yours.

If you have any questions, please contact me by phone or e-mail.

The most memorable experience of the student's visit to New Brunswick is the home-stay family experience.

Thanks for your support and help,

Michael

Michael S. Tublin, Director
International Programs
City of New Brunswick
25 Kirkpatrick St., Civic Square, P.O. 269
New Brunswick, NJ 08903-0269
Phone: 732-745-5174 Fax: 732-565-7532

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HOMESTAY FAMILY INFORMATION FORM.

(Please print or type)

1. Mother _____ Father _____

Home Address _____ Apt. _____

City _____ State _____ Zip code _____

Mother's Fax number _____ Father's fax number _____

Mother's e-mail _____ Father's e-mail _____

Mother's Day phone (____) _____ Father's day phone (____) _____ { _____

Mother's night phone (____) _____ Father's night phone (____) _____

Mother's cell phone (____) _____ Father's cell phone (____) _____

2. FAMILY INFORMATION – Please list each member of your household living in home.

Name	Age	Occupation	Location	M or F
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3. Number and kind of pets in your home _____

4. Special dietary information, such as foods not eaten in the home, vegetarian, other.

5. Language(s) spoken in the home _____

6. Languages studied _____

7. Typical evening at home _____

8. Typical weekend at our home _____

9. Topics discussed at home _____

10. Musical instruments played and by whom _____

11. Religious affiliation _____

12. Special talents, (sports, music, dance, art, etc.) and by whom _____

13. Hobbies or special activities _____

14. We have hosted sister cities students or adults from _____

15. We have traveled to _____

16. Any thing else you want to add about your family please include here. _____

Please e-mail this form to Michael Tublin, E-mail is: mtublin@gmail.com and send a copy to Principal Michael Chiodo - Michael_Chiodo@nbpsnj.net

Thanks!