

Family Connections Program

For FCC Toronto member families,
in partnership with the Chinese Cultural Centre of Greater Toronto

Application Form for FCC Member Family

(Please print clearly)

Family Details:

	Parent #1	Parent #2	Child #1	Child #2
Name				
Age				
Gender				
Birth Place *				
Education				
Work Experience				

* including city and province for your child(ren) from China

Address in Toronto area and major intersection: _____

Tel: _____

Fax: _____

E-mail: _____

Languages Spoken: _____

Do you or your children speak any Mandarin? _____

Hobbies/Interests: _____

Please indicate the criteria on which you would like to be matched with a Chinese family (you can check as many as you want):

From my child(ren)'s home town or province

Child(ren) close in age to my child(ren)

Living close by my family

Similar interests

Parents close in age to us

Similar work experience or educational background

Other (specify):

What do you and your family hope to achieve from participation in this program? _____

Additional Comments: _____

Applicant's Signature: _____ Date: _____