



Pre-Arrival Orientation Form

Date of Orientation: _____

Family Name: _____

Family ID: HF_____

Community Representative Name: _____

Please initial to confirm you have been briefed on of the below topics:

- _____ Role of the Community Representative
- _____ Au Pair Arrival Itinerary
- _____ Au Pair & Host Family Responsibilities
- _____ The Adjustment Cycle
- _____ Educational Component
- _____ Taxes
- _____ Insurance
- _____ Conflict Resolution
- _____ Program Renewal Policy and Fees
- _____ Au Pair Departure
- _____ Grievance Policy

I certify that I have received a pre-arrival orientation. I also acknowledge that if my au pair is required to drive, I am responsible for adding the au pair to my insurance policy for minimum of \$10,000 medical coverage. I also certify that I have personally interviewed the au pair by phone. I am aware that a responsible adult must be available the first 3 days the au pair arrives to our home.

Host Parent Signature(s)