



Family Connections Program



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

Application Form for Chinese Immigrant Family

(Please print clearly)

Family Details:

	Husband	Wife	Child #1	Child #2
Name (English)				
Name (Chinese)				
Age				
Gender				
Hometown (town/village and province)				
Education				
Work Experience				

Address in Toronto area and major intersection:

Tel: _____

Fax: _____

E-mail: _____

Languages Spoken: _____

Hobbies/Interests: _____

Why do you want to participate in the program?

When did you become a landed immigrant? _____

Additional Comments:

Applicant's Signature: _____ Date: _____



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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
- Living close by my family
- Parents close in age to us
- Other (specify): _____
- Child(ren) close in age to my child(ren)
- Similar interests
- Similar work experience or educational background

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

Additional Comments:

Applicant's Signature: _____ **Date:** _____