



**Children
International**

Your Visit Date

We will confirm the day available, based on your preference and the agencies visiting hours (see hours below).

Health Guidelines

Children International continues to follow the recommendations of the World Health Org. and the CDC. Our agencies follow their local government guidelines and restrictions regarding health recommendations and requirements, as well as their own agency-established guidelines. To read more about the country you will be traveling to please visit www.travel.state.gov and www.usembassy.gov to get more local covid-19 information.

Children International Sponsor Visit Request

All fields are Required. Please complete and return this application **at least 8 weeks before** your requested visit date, by **email** to CIAdventure@children.org or **mail** to Children International, Attn: Care Team, 2000 E. Red Bridge Rd., Kansas City, MO 64131. ****Please be advised we cannot initiate the visit arrangements until your background check(s) has cleared and your visit donation and valid in-country phone number/lodging information have been provided.***

Account # _____

Full Legal Name _____ DOB mm

If your **legal name is the same on the sponsorship account**, please check this box ☐

Home Address _____

City _____ State _____ ZIP _____

Cell _____ Home Phone _____

E-mail _____ Will you be part of the visit? **Y/N**

If any, please list other visit participants:

Total visit participants

Legal Name	Relationship	DOB	City & Country of Residence	Is this also a CI sponsor?
				Y/N Acct#
				Y/N Acct#
				Y/N Acct#

Emergency Contact Name _____ Relationship _____

Phone Number _____ E-mail _____

Please provide up to three possible visit days, in order of preference:

(See other side for visiting hours)

1) Date _____ Start time of visit _____

2) Date _____ Start time of visit _____

3) Date _____ Start time of visit _____

Information about the child(ren) you wish to visit:

(Please attach a separate sheet for additional children)

Child Name _____ Child ID (if known) _____

City/Country _____ I have visited this child before **Y/N**

If we have indicated **your visit needs to last all day**, please check this box ☐

If we have **not** indicated your visit needs to last all day, how much time do you have?

☐ **1-3 hours** ☐ **3-4 hours** ☐ **5-8 hours** **only available if child location requires it.*

**Activities are not possible at this time due to health recommendations and guidelines.*

**Home visits are not possible due to health recommendations and guidelines.*

Child Name _____ Child ID (if known) _____

City/Country _____ I have visited this child before **Y/N**

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Are you fluent in the language your child(ren) speaks? **Y/N**

In-Country Lodging and Contact Information

of the country/city where your sponsored child lives

Please provide us with as much detail about your in-country lodging as possible. **You will need to arrange your transportation to the city where the agency/child is located.** Please contact us if you need additional information. **If you will be staying in **multiple locations** or visiting children in different countries, please indicate your itinerary on a separate sheet of paper.*

Final Confirmation

Email:

When the calendar marks **three weeks prior to your visit**, confirm your final details **directly with the office in the country** where your child lives.

This step is crucial to the success of your visit, as it will allow our staff adequate time to contact the child's family and make the necessary arrangements for their transportation, child's school, parents' work schedule, etc.

Your visit is subject to cancellation if the field staff does not receive your confirmation email. We will provide you with their contact information upon receipt of this completed request form.

**LET
THE COUNTDOWN
BEGIN!!**

Arrival date/time _____ at _____ Departure date/time _____ at _____

Airline/Cruise Line Name _____ Arrival flight/dock number _____

**Due to logistical complications, your visit should not be planned for the same day as your arrival into and/or departure out of the country/city. Our field staff suggests arriving at least one day before the visit.*

In-country lodging _____ Address _____

City _____ State/Province _____ Zip Code _____

Is this a Hotel? Y/N Name of the Hotel _____

Name exactly as it appears on the Reservation _____

In-country contact number _____ Is this an **in-country** Cell? Y/N

country code + city code + local number

Are there any dietary, medical or other special needs our staff should be aware of?

I hereby acknowledge that I have read the contents of this form and understand the following:

(Please initial each statement below)

_____ I have **completed my background check(s) with ACS**, and understand the results can take 5-7 business days.

_____ Children International **cannot initiate my visit arrangements until my background check(s) has cleared.**

_____ I should not plan my visit the same day as my arrival and/or departure from my child's country/city.

_____ I will have to provide my own transportation to the city where the agency/my child is located.

_____ I am responsible for all activity costs for my child (ren), family member(s) and CI staff members who must be present to host my visit, in addition to the visit donation paid prior to my visit.

_____ If I do not email the field office to confirm and finalize my visit, it is subject to cancellation.

_____ My donation is non-refundable if I cancel less than two weeks before my visit, and only a portion is refundable if I cancel 2-4 weeks before my visit. **Some exceptions may apply.*

_____ I may be required to wear a face mask and show proof of my vaccinations at the agency.

_____ Depending on the COVID infection rate and health status of sponsored families and sponsors, agencies reserve the right to cancel a visit at any time.

_____ If I or someone traveling with me becomes ill, I must inform the field staff and CI Kansas City to cancel the visit on my behalf. If I show up ill for the visit, the visit may be cancelled, and my visit donation will not be refundable. Children International **cannot initiate my visit arrangements without my visit donation and a valid in-country phone number** where I can be reached while I'm in the country of the visit.

How would you like to cover the visit donation? *(Please initial one of the following options)*

_____ I will enclose a check/money order and send my visit request form via regular mail.

_____ I will call the **Care Team** to make my visit donation by phone as soon as I fax/email my visit request form.

_____ I authorize the charge to my **AutoPay** information currently on file upon receipt of this visit form.*

For multiple cards/bank accounts on file, please indicate **the last 4 digits here* _____

Signature _____ Date _____

Visiting Hours: *Please note your visiting hours could vary depending on the logistics involved.*

Admin Office	Days/Hours	Admin Office	Days/Hours
Colombia, Barranquilla	M-F, 8:30a-4:00p	India, Sahay	M-F, 9:30a-4:30p
Dominican Republic, Santo Domingo	M-F, 9:00a-4:00p	India, Delhi	M-F, 9:30a-4:30p
Ecuador, Quito	M-F, 9:00a-3:30p	Mexico, Jalisco	M-F, 9:00a-3:30p
Ecuador, Guayaquil	visits not possible	The Philippines, Bicol	M-F, 9:00a-4:00p
Guatemala, Guatemala City	M-F, 8:00a-3:30p*	The Philippines, Manila	Visits not possible
<i>*Rural Guatemala visits could start as early as 7:30am</i>			
Honduras, San Pedro Sula	M-F, 8:30a-4:00p*	Zambia, Lusaka	visits not possible
<i>*Copan visits could start as early as 6:30am</i>			

Once your application is received, we'll work closely with you and our field staff to host a wonderful visit with your child!