



**Children
International**

Children International Sponsor Visit Request

Account # _____

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.*

Full Legal Name _____ DOB mm

If your **legal name is the same on the sponsorship account**, please check this box ☐ Have you visited before? Y/N

Home Address _____

City _____ State _____ ZIP _____

Cell _____ Home Phone _____

E-mail _____

If any, please list other visit participants: (please attach a separate sheet if additional space is required)

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

Total visit participants (including yourself, if applicable) _____ Will you be part of the visit? Y/N

Visitors 18 years or older on the day of the visit must have a completed a background check. **Please be advised that to ensure the safety and security of our children, unannounced visitors and individuals who haven't cleared their background checks beforehand will not be able to participate in the visit. Thank you for your understanding!*

Emergency Contact Name: (person not visiting) _____ Relationship _____

Phone Number _____ E-mail _____

Your Visit Date

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

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)

We cannot accommodate visits to the children's homes due to safety and privacy considerations for our children and their families. We take pride on upholding our accountability by implementing established guidelines that support our efforts, enabling us to fulfill our commitment to safeguard and respect the safety and privacy of everyone involved.

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

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 ☐ 4-5 hours

If time allows, please list your **activity preference** here: _____

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 ☐ 4-5 hours

If time allows, please list your **activity preference** here: _____

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 at least one day before to your visit.** 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.*

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?

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 after we receive your **completed request** and required documentation.

LET THE COUNTDOWN BEGIN!!

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 and all visitors have returned the signed Visit Guidelines and Liability document.**

_____ 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.

_____ 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 some establishments.

_____ Depending on the 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.

_____ I have informed CI Kansas City of all visitors and **understand unannounced visitors/individuals who haven't cleared their background checks** beforehand **will not be able to participate in 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 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 _____

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

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, 8:30am-4:00p	India	visits not possible
Dominican Republic, Santo Domingo	M-F, 9:30am-4:00p	Mexico, Jalisco	M-F, 9:00am-3:00p
Ecuador, Quito	Visits not possible	The Philippines, Manila	Tue-Sat, 8:00am-5:00p
Ecuador, Guayaquil	Visits not possible	The Philippines, Bicol	Tue-Sat, 9:30am-3:30p
Guatemala, Guatemala City	M-F, 8:00am-3:30p*	Zambia, Lusaka	Mom-Thu, 9:00am-3:30p
<i>*Rural Guatemala visits could start as early as 7:30am</i>			Fri, 9:00am-1:00p
Honduras, San Pedro Sula	M-F, 8:30am-3:00p*		
<i>*Copan visits could start as early as 6:30am</i>			