

JEWISH FAMILY SERVICE ASSOCIATION OF CLEVELAND



Campership Student Form

I give my child's school permission to release any and all information requested on this form.

Parent Name (Please print) _____ Parent Signature _____ Date _____

Student Name (Please print) _____ Date of Birth _____

Address. City _____ Home Phone _____

Name of Current School _____ Current Grade _____

TO SCHOOL ADMINISTRATOR (PRINCIPAL OR COUNSELOR)

The student listed above has applied for a three or four-week overnight camp experience, guided by two college age counselors and several administrative staff.

Administrator Name (Please print) _____ Administrator Signature _____ Date _____

Administrator Phone _____ Administrator email _____

Have there ever been any school disciplinary proceedings related to this child? If yes, please explain:

Would you have any concerns about this child attending a three-or four-week overnight summer camp experience? If yes, please explain:

JFSA **empowers** youth and **strengthens** the role teens and young adults play in our **community**.

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