

Achva Israel

50 Eisenhower Drive, Suite 102
Paramus, NJ 07652
Phone: 212-929-1525 x 181
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achva@youngisrael.org



Applicant Information:

Name First: _____ Last: _____ Male Female

Legal Name _____

Street Address: _____

City: _____ State: _____ Zip: _____ Country (if not USA): _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

Country of Birth (if not USA): _____ Date of Birth: _____

High School: _____ Current Grade: _____

Passport #: _____ Israeli Passport #: _____

Parental Information:

Parents' Marital Status (Please circle): Married Separated Divorced Widowed

If separated or divorced, applicant resides with: _____

If necessary, please provide a second mailing address and indicate which parent information should be sent to.

Mother's Name: _____ Occupation: _____

Business Phone: _____ Cell Phone: _____

Email: _____

Father's Name: _____ Occupation: _____

Business Phone: _____ Cell Phone: _____

Email: _____

IN CASE OF EMERGENCY, if both parents cannot be reached, the following should be contacted:

Name	Address	Phone	Relationship

Educational Background: Beginning with the most recent school, list schools attended.

Name of School	City, State	Dates Attended	Principal/Dean

Previously Attended Summer Program/Camps: (Beginning with the most recent).

Camp/Summer Program	Year(s) attended	Phone number

List at least 2 references: At least one must be different from those writing your recommendations.

Name	Relationship to Applicant	Organization/Phone Number

How did you first learn about this program? _____

Names of friends/relatives that recommended Achva to you: _____

Special Dietary Needs? (Vegetarian, Lactose-free, etc.) _____

By signing below you agree to the following:

I, the parent/guardian, and my child, the participant, have read the Achva Handbook which contains a description of Achva's rules and policies. We understand these rules and agree that they shall be binding upon us. We further agree that disregard or violation of these rules will be considered sufficient grounds for expulsion from the program, at our expense for any additional costs, and with no refund of any funds paid for his/her participation in the program.

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

Signature of Parent or Guardian: _____ **Date:** _____