

Achva West

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Paramus, NJ 07652
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achva@youngisrael.org



Applicant Information:

Name First: _____ Last: _____ Male Female
Legal Name (for plane ticket) _____
Street Address: _____
City: _____ State: _____ Zip: _____ Country (if not USA): _____
Home Phone: _____ Cell Phone: _____
Participant E-mail: _____
Country of Birth (if not USA): _____ Date of Birth: _____
School: _____ Current Grade: _____
Synagogue affiliation: _____

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: _____
E-mail: _____
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 information provided under the About Achva tab on the Achva web site including the Policies section which contains a description of Achva's rules and policies. We understand these rules and policies and agree that they shall be binding upon us. We further agree that disregard or violation of these rules and policies 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:** _____