

# JEWISH FAMILY SERVICE ASSOCIATION OF CLEVELAND



## Campership Student Form

I give my child's school permission to release any and all information relative to my child.

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:

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

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

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