



PARENT/GUARDIAN REFERENCE FORM

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| Name of Applicant _____ | Date _____ |
| Name of Parent(s)/Guardian(s) completing this form _____ | |
| Relationship to Participant _____ | |

Please answer the following questions candidly and completely. Your responses support our ability to care for your child during the summer and to provide high-quality, meaningful programming. We require **full disclosure** of any concerns about your child's mental and/or physical health. Parents will be held responsible for any expenses incurred resulting from incomplete disclosure.

1. What is the longest period and frequency that your teenager has traveled away from home without family members, and in what context?

2. Describe some of the ways you see your teenager relating to peers.

3. Describe some of the ways your teenager relates to adults in leadership or authority positions:

4. Please share some of your hopes and/or concerns regarding your teenager's participation in the Nesiya summer program.

5. Are there specific group or leadership experiences you hope your teenager will have in Nesiya?

6. Are there any significant experiences in your teenager's or family's past, that may affect his/her experience during the summer in Israel, about which Nesiya should be aware (e.g., prior experiences away from home or in Israel, sickness or loss of a family member, stressful experiences at home, etc.)?

7. Please indicate if you have any concerns about your child's physical and/or emotional health, their ability to fully participate in this program, and how the staff can meet any special needs.

8. Has your teenager ever consulted with or been treated by a counselor, social worker, psychologist or psychiatrist?
 Yes No If yes, please specify the reasons and duration for the consultation or treatment, and the outcome. A letter from the mental health professional is required with the application, and Nesiya reserves the right to contact this professional by phone or in writing to obtain additional information.

9. Is your teenager currently taking any medications? Yes No
If so, please list the medication(s) s/he is taking, and the condition(s) being treated.

10. Does your child know anyone else applying to participate in Nesiya this summer? Yes No
If yes, please identify that person and the history of their relationship with your child.

(Please note: Nesiya strongly encourages participants who know each other before the summer to plan on being assigned to different bus groups. Participants requesting placement in the same bus group must submit a written request signed by both participants and parents. Nesiya reserves the right to assign bus groups in the best interests of participants and the program.)

Signature(s) _____

Date _____