



Free Spirit Experience in Israel Parents/Guardians Section

These questions will help us start thinking about your son or daughter at Free Spirit. Using this form, we will have a chance to hear more about relevant history – developmental, medical, social, etc.

Part I Participant Information	
Your First Name	Last Name
Date of Birth	Gender Identity
Your full address	
email address	Phone number

Part II Parents / Guardians Information					
First Name	Last Name	Relationship	Date of Birth	Cell number	email

Part III General Needs and Accommodations
Please tell us a little about your goals for your son/daughter during their stay at Free Spirit Last Name

What would you consider as your son/daughter's main challenge at this point?

Are there any physical or medical conditions that may affect your child's participation in our diverse activities, including hiking while carrying a backpack, rappelling, horseback riding, swimming, sailing, and other physical activities?

Part IV Please list any food or other allergies your child has:

Allergy	Severity <small>(Mild, Severe, Life Threatening)</small>	Treatment

Other accommodations or issues we may need to pay attention to in order to provide a safe and healthy environment for your son/daughter

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Payment

- Our application fee of \$1,900 covers the admissions process and allows us to reserve a spot in our program. Full tuition is due two weeks before arrival once acceptance to the program is established.
- Payments can be made as a wire transfer.
- Wire-Transfer information:
 - IBAN number - IL64-0127-7800-0000-0551598
 - Account Name: FS Experience Ltd.
 - SWIFT: POALILIT
 - Bank Hapoalim
 - Branch - Avivim (778)
 - Account # 551598
- Contact us if your bank requires another intermediary bank for the transfer.

By submitting this application, I am stating my interest in the Free Spirit Program in Israel. I understand that this does not guarantee that I will be accepted into the program, a decision that is dependent on various factors, including, but not limited to, medical clearance, sobriety (Free Spirit is not a drug rehab program), and Free Spirit professional staff's assessment.

_____	_____	_____	_____
Name	Relationship to applicant	Date	Signature

For office use only			
Program		Start Date	
Consultant		DoC	