



Parents' marital status: Married Separated Divorced Widowed Re-married

Applicant lives with: Biological Father Biological Mother Other:_____

Please list the summer program applicant plans on attending this upcoming summer:

Name of Camp/Program

If your child has received or is receiving counseling due to a personal problem or event, please share information about that help so we can better understand and respond to your child's needs:

Does your child suffer from any condition or disability which might impair his ability to learn or may require special consideration, i.e. Learning disability, ADD, OCD, etc.

Does your child take any medication? _____

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Please Fax completed application to 954.208.0788 or scan and E-mail to [Registration@MesivtaCS.com](mailto:Registration@MesivtaCS.com)  
The \$75 Re-registration Fee can be paid online at [www.Mesivtacs.com/Fees](http://www.Mesivtacs.com/Fees) or by mailing a check to our administrative office:  
**Mesivta of Coral Springs**  
**1500 N. State Road 7**  
**Margate, Florida 33063**



## Parents of Returning Students Evaluation

*Please complete this form with as many details as possible.*

1. What was your son's favorite class and why?

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2. How well do you feel your son did overall in his studies?

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3. How well do you feel your son did overall in growing as a person?

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4. What was your son's greatest accomplishment this past year?

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5. What new class or subject would you like to see added?

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6. How would you rate the Gashmius in general?

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7. Was there anything that was a concern for you?

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8. What would you like to see added or subtracted for the coming year?

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