DIRECT ADMISSION
RELIGIOUS / FOOD PREFERENCE FORM

☐ BCCY ☐ SCY ☐ SCYC

DATE: _____

YOUTH NAME: _____ JETS# _____

DOB: _____

HOUSING UNIT: _____

RELIGIOUS PREFERENCE: _____

FOODS YOU LIKE:

1. _____
2. _____
3. _____
4. _____
5. _____

FOODS YOU DISLIKE:

1. _____
2. _____
3. _____
4. _____
5. _____

FOODS LISTED ABOVE ARE FOR INFORMATIONAL PURPOSE ONLY.

CC: Food Service Manager

_____ _____

Chaplain's Signature Date