



**Ark of Cherubs**

Church of Christ in Roxbury

81 Walnut Ave., Roxbury, MA 02119

617/413-8529 or 617/442-5826

<http://arkofcherubs98.wix.com/arkof-cherubs>

**APPLICATION FOR (3 Weeks Only)**

Name of Child \_\_\_\_\_ Nickname \_\_\_\_\_

Date of Birth \_\_\_\_\_ \ \_\_\_\_\_ \ \_\_\_\_\_ Age \_\_\_\_\_

Most Recent Grade Completed \_\_\_\_\_

EMAIL Address \_\_\_\_\_

T-Shirt Size \_\_\_\_\_

**FAMILY INFORMATION**

**Father**

**Mother**

\_\_\_\_\_ Home Address \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

( ) \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

\_\_\_\_\_ Employer \_\_\_\_\_

\_\_\_\_\_ Work Address \_\_\_\_\_

( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

**2025**

**Cost (per week) \$160.00**

**July 21 - July 25**

**July 28 - August 1**

**August 4 - August 8**

What do you want your child to experience most at the Summer Program?

Which of your child's qualities do you respect and admire the most?

What does your child want to accomplish at the Summer Program?

If the answer to any of the following questions is "yes" please explain in full on a separate sheet of paper:

1. Has your child had physical, mental, emotional, academic or disciplinary difficulties?     Yes     No
  
2. Has he or she ever been prescribed Ritalin or any other drug for hyperactivity?     Yes     No
  
2. Are there any restrictions regarding his/her physical activity?     Yes     No

I certify that the above is complete and true and that the applicant is a child who is a safe companion for other children.

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Signature of Parent or Legal Guardian

Date

Health Form  
Ark of Cherubs Summer Program

Camper's Name \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_  
Parent's Names \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_  
Cell Number \_\_\_\_\_

Parents must provide the following information about the attending camper:

1. Date of last physical exam within 3 calendar years \_\_\_\_\_
2. Has your child had any communicable disease within last 3 weeks?  
Please specify \_\_\_\_\_
3. Are there any health concerns you believe we should be aware of? \_\_\_\_\_
4. Does your child have any allergies to: (a) Food? Please list \_\_\_\_\_  
\_\_\_\_\_  
(b) Medicines? Please list \_\_\_\_\_  
\_\_\_\_\_
5. Please list any medications your child will need to take while attending camp: \_\_\_\_\_

I/we hereby give my/our permission to The Ark of Cherubs Lead Counselor to give medical treatment and administer medications to my child \_\_\_\_\_. I understand that when my child has been prescribed medication which needs to be taken during the camp day, that I must bring pharmacy labeled medication to the Lead Counselor to administer to my child. In the event that I cannot be reached, in a medical emergency, I/we Hereby authorize the camp director or their appointee to secure appropriate hospital treatment.

Health Insurance Coverage: (Name of insurance company) \_\_\_\_\_  
Subscriber: \_\_\_\_\_ Policy number: \_\_\_\_\_  
Campers Primary Physician: \_\_\_\_\_ Phys. Tel: \_\_\_\_\_  
Person to be reached in case of emergency, if parent or guardian is unavailable:  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

## General Information Form

Who may pick up your child from camp at any time? List names below and relationship to child:

- |    |    |
|----|----|
| 1. | 5. |
| 2. | 6. |
| 3. | 7. |
| 4. | 8. |

### Publications

I/we hereby give my/or permission to the Ark of Cherubs and/or Church of Christ in Roxbury to use pictures of the camper or to allow camper to be photographed without full name in local newspaper or use written materials, in whole or in part or to summarize the contents of the materials written by the camper in promotional materials of the camp.

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Signature of Parent/Legal Guardian

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Date



**PERMISSION SLIP WAIVER**

\_\_\_\_\_  
**CAMPER'S NAME**

**I/We give my/our permission for the camper to participate in the following activities that may have inherent risk. I understand that neither the ARK of CHERUBS, the CHURCH OF CHRIST in Roxbury, nor any of its employees, students or volunteers shall be liable to myself or to my child for any claim arising out of these activities. Such claims being hereby waived, and that I will indemnify and save harmless the ARK of CHERUBS, CHURCH of CHRIST in Roxbury and its employees, students and volunteers from any liability for claims as well as from claims of all other persons resulting from any act of my/our child during these activities.**

**INTRAMURAL SPORTS, CLASSES AND ACTIVITIES, FIELD TRIP OUTINGS, CAMPERS RIDING IN CAMP STAFF/VOLUNTEER VEHICLES, BEACH OUTING.**

**I/We assume responsibility for any acts or my/our child during any field trip or camp outing, and will indemnify (reimburse or repay for any loss incurred) and hold the camp, Church, its employees and volunteers harmless from any claims of any person arising from my/our child's acts. "Field Trip Outings" includes period of travel time to and from camp.**

\_\_\_\_\_  
**Parent/Guardian**

\_\_\_\_\_  
**Date**