

Kerubim Program 2008

➤ **START DATE:**

Thursday September 25th

➤ **END DATE:**

Not determined. December 2008 or January 2009

➤ **FEE:**

The monthly fee for the program is \$75. For those families that have more than one child the fee for the second child is \$40 per month.

➤ **DAILY SCHEDULE:**

8:00	Holy Mass
9:00	Morning run
9:15	Snack time
9:30	Study time
11:00	Break
12:30	Lunch
1:00	Break
1:10	Work
2:50	Water break
3:00	Chaplet
3:30	Sports
4:30	Additional study/ nap / showers / free time
5:30	Clean up
5:45	Dinner
6:15	Song practice
7:00	Holy hour

➤ **PICK UP PROCEDURE:**

For reasons of safety and efficiency we ask that the parent sign out their child / children in the conference room of St. Michael's Hall. The child's parent must sign them out unless an "Alternate Ride Form" is signed by the parent for the specified date.

➤ **NEEDED FOR REGISTRATION (Thursday September 25th):**

- Parent Permission Form
- Pre-Program Kerubim Parent Feedback (to be completed by the parents of those who have already attended the program)
- Pre-Program Kerubim Questionnaire – for those who have not attended the program. (**Part 1** is to be completed by the **applicant**. **Part 2** is to be completed by the **parent** of the applicant.)
- The first month's fee (unless otherwise coordinated with Yvette Sommers)

PARENT PERMISSION FORM

(Please Print Legibly)

This is to certify that my son/daughter _____ has my consent to attend any and all activities and programs sponsored in coordination with the Mission of Divine Mercy, New Braunfels, Texas for the calendar years 2008 and 2009. I hereby release the Mission of Divine Mercy, its members, staff and volunteers from any liability for injuries or fatalities suffered by my child while he/she is under the supervision of the sponsors of these activities.*

Date _____ Parent (or Legal Guardian) Name _____

Parent (or Legal Guardian) Signature _____

Student's Name _____ Date of Birth _____

Address _____

Phone # (s) _____

e-mail _____

Is your son/daughter presently taking any prescription medication? Yes No
If yes, what is the medication and what is it for?

Does your son/daughter have any allergies (including allergies to food or medication)?
 Yes No If yes, what allergies? _____

IN CASE OF AN ACCIDENT, I HEREBY GIVE MY PERMISSION FOR ANY RESPONSIBLE ADULT TO GIVE EMERGENCY MEDICAL TREATMENT TO MY SON/DAUGHTER.

Parent (or Legal Guardian) _____ Date _____

EMERGENCY CONTACT NUMBERS

Parent (or Legal Guardian) Home Phone _____

Work _____ Cell Phone _____

In case of emergency, if I am not available, notify

Name _____ Relationship _____

Phone _____

Student's/ Parent's Insurance Co. _____

Phone # _____ Identification # _____

Group Plan # _____

*WARNING NOTICE: The spiritual and physical well-being of the participants is our priority. No one will be pressured to do anything that we know would be excessively dangerous for them. But we obviously cannot remove all dangers. The rustic and natural setting is helpful for young men. The terrain at the Mission where we will be hiking and working has parts which are very rugged and steep. The work and sports can be strenuous especially in the hot weather. Our sports fields are rugged too, with little grass.

PRE-PROGRAM KERUBIM PARENT FEEDBACK

*The following needs to be handed in
before your son begins the Kerubim program this semester.*

For parents of those who participated in the Kerubim program last semester:

We want to ask for your assistance, as parents, in evaluating the impact of the Kerubim on your sons. Your prayerful input can be a big help for us as we prepare this semester's Kerubim Program. Please take some moments to reflect on your son's time in the Kerubim; and then, respond to the questions below **on a separate sheet of paper, signing your name and dating it at the bottom**. Details and concrete examples would be very helpful for us.

1. Does it seem that being in Kerubim has helped your son grow closer to God? If so, how? Have any activities or aspects in particular seemed helpful?
2. Has it helped him to live more in a Christian Spirit in other areas of his life—i.e. relationships with siblings and parents, school, work, etc?
3. What suggestions do you have for the Kerubim? Would you recommend changing anything? Adding something? Discontinuing something? Do you see any particular problems with any aspect of the program? Please feel free to speak frankly if there are things you think are not helpful or even problematic—this feedback will help us!
4. Do you feel it would be beneficial for your son to continue in the Kerubim?

For those applying to be part of the Kerubim for the first time this fall:

(To be answered by the applicant.) This program is a challenge for young men and is a rare opportunity. We have a limited amount of spaces for those who have not previously attended the program. Given the importance of the program, we want to receive young men who have the motivation needed. To help us know if you would be a good fit, we ask for the following:

PART 1

QUESTIONNAIRE: [On a separate sheet of paper.] The answers should be at least several sentences long, so they help us to get to know you. **Just be honest.** If your spiritual life is in the pits, or if you have a lot of doubts about God, just say so. All of us are struggling sinners. We are not expecting saints or great writers... But we are looking for young men who really want to grow closer to the Lord.

- a) How would you describe your relationship with God?
- b) Have there been persons, events or other influences which were especially important in helping you to be a better person.
- c) Do you think God makes a difference in your life? If so, in what way?
- d) What is your goal in life?
- e) Why do you think you should come to this camp?

PART 2

FOR PARENTS OF NEW APPLICANTS:

- f) Why would you like your son to part of the Kerubim?
- g) Is there anything you would like to tell us about your son?
- h) Are there any special concerns you have about your son or the Kerubim program?
- i) Please sign and date the letter.

**MISSION OF DIVINE MERCY
KERUBIM PROGRAM
ALTERNATE RIDE PERMISSION FORM**

I want to inform the Mission of Divine Mercy Kerubim Program that I have granted permission for my
Son:

to be picked up
by:_____

Day/Date:_____

Time:_____

I hereby release and hold harmless the Mission of Divine Mercy, any officer, agent, contractor or volunteer from any and all injuries and/or damages incurred by my son in connection with my son's departure from the Mission with the above named guardian.

Parent/Guardian Signature:_____

Date:_____

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