



# St. Laurence

## HIGH SCHOOL

**KAIROS 70**  
**Tuesday, Jan. 8, 2019-Friday, Jan. 11, 2019**  
**PARENT PERMISSION FORM**  
**APPLICATION DEADLINE: Wednesday, December 12th, 2018**

Dear Parents:

Your son/daughter has asked to participate in the St. Laurence High School KAIROS Retreat Program. The word "KAIROS" means "the Lord's time" and the retreat is structured to allow each of us to enter into that time. The retreat is scheduled to begin at 3:45 PM, Tuesday, Jan. 11th, 2019 and end at 7:30 PM, Friday, Jan. 11th. The retreat is held at the Carmelite Retreat Center, 8419 Bailey Road, Darien, Illinois 60561. The telephone number at the retreat center is 630-969-4141, but in case of emergency, you can reach your son/daughter by calling me at any time. Dr. Pallardy's cell number is 708-705-4456

Students are expected to conduct themselves as representatives of St. Laurence High School. School rules, appropriately applied to the situation, will be enforced.

The retreat is conducted by a team of students and faculty members who give talks, lead discussions and activities, pray, and celebrate the Eucharist with the participants. This means those who attend must come with the basic desire to participate. If you agree that your son/daughter is ready for such an experience, please complete the attached form.

The cost of the retreat is \$210.00, which includes nine meals. The fee is due with the attached registration by Wednesday, Dec. 12th, 2018. **OUR RETREAT WILL HAVE A MAXIMUM OF 16 GIRLS AND 16 BOYS-FIRST COME, FIRST SERVE (Seniors have priority).**

**Please sign and return the attached permission form by Wednesday, December 12th, 2018.**  
(Keep this sheet for future reference.)

Sincerely,

Dr. Tom Pallardy, Psy. D.  
Guidance-Kairos Director

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Kairos is an intense spiritual activity and we feel it is important enough to warrant that your son/daughter miss three days of classes and that these days be considered excused days of absence. However, each student is responsible for making arrangements with their teachers regarding all class work.

To ensure that the students get the full benefit of the retreat, we will do everything we can to prevent disciplinary infractions; therefore, all luggage will be subject to inspection. Since this rule applies to all retreatants, it should not in any way be considered a reflection on any one student, it is simply being done as a preventive measure. Any retreatant who violates school policy (ex: unbecoming conduct, possession of drugs, alcohol, or other contraband) will be asked to immediately leave the retreat and will be dealt with according to existing school rules.

In addition, there are some rules that apply specifically to the Kairos Retreat. Since we will be on "God's time," retreatants will not need watches, cell phones, or music players of any kind. We ask that these be left safely in school or at home. If not, they will be collected at the beginning of the retreat.

We ask each student to bring some snacks that can be shared with all the retreatants for the four days. Some cash will be required for those who would like to purchase soft drinks and/or water. Also, there is a religious gift shop in the retreat center that retreatants will have the opportunity to visit during the retreat.

**\*STUDENTS WILL BE SELECTED ON A FIRST COME/FIRST SERVE BASIS, 16 GIRLS/16 BOYS, WITH PRIORITY GIVEN TO STUDENTS PARTICIPATING IN ACTIVITIES WHO CAN'T ATTEND OTHER RETREAT DATES AND SENIORS ARE GIVEN PRIORITY AS WELL.**

**KAIROS 70**  
**Jan. 8-11, 2019**

Student's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Year in school: \_\_\_\_\_

First Name as you'd like it to appear on your name tag \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

House Tel Number ( ) \_\_\_\_\_

Student's e-mail Address \_\_\_\_\_

Student's Cell Number ( ) \_\_\_\_\_

**Emergency phone numbers:**

Father's work (cell) phone number: ( ) \_\_\_\_\_

Mother's work (cell) phone number ( ) \_\_\_\_\_

Please list any medical problems (asthma, diabetes, attention disorders) your son/daughter has that we should be aware of, and the medication that he will need to take while on Kairos:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ please initial here if you are willing to allow us to administer over-the-counter pain relievers if necessary.

*My son/daughter and I understand that (s)he is subject to the rules and conditions as stated and further understand that acceptance as a retreatant is subject to a review by the Kairos team. I hereby request that my son/daughter be allowed to participate in the Kairos retreat that is being held from 3:45 PM Tuesday, Jan. 8th, until 7:30 PM Friday, Jan. 11th, 2019.*

Signature of Father/Male Guardian

\_\_\_\_\_

Signature of Mother/Female Guardian

\_\_\_\_\_

**This form and the \$210 fee are due by Wednesday, December 12th, 2018. If you need to make partial payments, please contact Dr. Pallardy.**