

*ST. LAURENCE HIGH SCHOOL "Where Leadership Begins"*

**KAIROS 71**

**March 26-29, 2019**

**PARENT PERMISSION FORM**

**APPLICATION DEADLINE: Wednesday, March 6, 2019**

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, March 26th, and end at 7:30 PM, Friday, March 29, 2019.

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 through me at any time. My cell number is 708-705-4456.

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

Kairos 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 daughter/son 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, March 6, 2019.

**Please sign and return the attached permission form by Wednesday, March 6, 2019.**

(Keep this sheet for future reference.)

Sincerely,

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

**KAIROS 71**

**March 26th-29th, 2019**

**(Over)**

## PARENT PERMISSION FORM

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 his teachers regarding all class work.

To insure 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, i-pads 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 FIRST COME/FIRST SERVE BASIS, 15 GIRLS/15 BOYS, WITH PRIORITY GIVEN TO STUDENTS PARTICIPATING IN ACTIVITIES WHO CAN'T ATTEND OTHER RETREAT DATES. SENIORS ARE GIVEN PRIORITY AS WELL.**

Student's Name \_\_\_\_\_ M\_\_ F\_\_

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

(Over)

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

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Address

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

House Tel Number ( )

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Student's email Address \_\_\_\_\_

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

**Emergency phone numbers:**

Father's/Guardian work (cell) phone number:

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Mother's/Guardian work (cell) phone number

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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:

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(Over)

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\_\_\_\_\_ 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 she/he is subject to the rules and conditions as stated and further understand that his acceptance as a retreatant is subject to a review by the Kairos team. I hereby request that my daughter/son be allowed to participate in the Kairos retreat that is being held from 3:45 PM Tuesday, March 26th, until 7:30 PM Friday, March 29th, 2019.*

Signature of Father/Male Guardian

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Signature of Mother/Female Guardian

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**This form and the \$210 fee are due by Wednesday, March 6th, 2019.**

**If you need to make partial payments or have any questions/concerns, please contact Dr. Pallardy.**

**(Over)**