

ST. LAURENCE HIGH SCHOOL "Where Leadership Begins"

KAIROS 74

Tuesday, October 27th-Friday, Oct. 30th, 2020

PARENT PERMISSION FORM

APPLICATION DEADLINE: Wednesday, October 14th, 2020

Dear Parents:

Your son 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, October 27th, 2020 and end Friday evening, October 30th, 2020.

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 by calling me. My 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 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, Oct. 14th, 2020. **OUR RETREAT WILL HAVE A MAXIMUM OF 24 BOYS-FIRST COME, FIRST SERVE (THIS RETREAT WILL BE FOR SENIORS IN THE VIKING BLACK GROUP ONLY). Due to Covid restrictions, this may be the only retreat opportunity for seniors in the Viking Black group !**

Please sign and return the attached permission form with payment by Wednesday, Oct. 14th, 2020.

(Keep this sheet for future reference.)

Sincerely,

Dr. Tom Pallardy, Psy. D.
Kairos Director

KAIROS 74

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Kairos is an intensely spiritual activity and we feel it is important enough to warrant that your son 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 classwork.

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) **or has Covid-19 symptoms** will be asked to immediately leave the retreat and will be dealt with according to existing school rules/policy.

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 individually wrapped snacks that can be shared with **all** (34) 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, 24 BOYS, (in the Black Division).

KAIROS 74
October 27th-30th, 2020

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 Telephone Number () _____

Student's e-mail Address _____

Student's Cell Number () _____

Emergency phone numbers:

Parent's email address _____

Father's work phone number: () _____

Father's cell phone number: () _____

Mother's work phone number: () _____

Mother's cell phone number: () _____

(Over)

Please list any medical problems (asthma, diabetes, **food allergies**, attention disorders) your son has that we should be aware of, as well as special dietary needs 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 and I understand that 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 be allowed to participate in the Kairos retreat that is being held from 3:45 PM on Tuesday, October 27th, until Friday evening, October 30th, 2020.

Signature of Father/Male Guardian

Signature of Mother/Female Guardian

This form and the \$210 fee are due by Wednesday, Oct. 14th, 2020.

If you need to discuss payment, please contact Dr. Pallardy at TPallardy@stlaurence.com or call 708-458-6900 Ext. 221.