

ST. LAURENCE HIGH SCHOOL "Where Leadership Begins"

KAIROS 76

Monday, Sept. 13 - Thursday, Sept 16, 2021

PARENT PERMISSION FORM

APPLICATION DEADLINE: Wednesday, Sept. 1, 2021

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, Monday, Sept. 13th, and end in the evening, Thursday, Sept. 16th, 2021.

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 daughter/son by calling me at any time. I check my cell phone three times per day/night. 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, Sept. 1, 2021. **THERE ARE NO REFUNDS AFTER THE DEADLINE. Please sign and return the attached permission form by Wednesday, Sept.1, 2021.** (Keep this sheet for future reference.)

Sincerely,

Dr. Tom Pallardy, Kairos Director

(over)

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Kairos is an intensely 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 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 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 A FIRST COME/FIRST SERVE BASIS, 12 GIRLS/12 BOYS, WITH PRIORITY GIVEN TO STUDENTS PARTICIPATING IN ACTIVITIES WHO CAN'T ATTEND OTHER RETREAT DATES. SENIORS ARE GIVEN PRIORITY AS WELL UNTIL THE DEADLINE.**

Student's Name _____ M__ F__

Date of Birth _____

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

Address

City _____ Zip Code _____

House Tel Number () _____

Student's email Address _____

Student's Cell Number () _____

Emergency phone numbers:

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

Mother's/Guardian 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/she 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 she/he is subject to the rules and conditions as stated and further understand that his/her 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 Monday, Sept. 13, until Thursday evening, Sept. 16, 2021.

Signature of Father/Male Guardian

Signature of Mother/Female Guardian

This form and the \$210 fee are due by Wednesday, Sept. 1, 2021.

If you need to discuss payments or have any questions or concerns, please contact Dr. Pallardy.