

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

**KAIROS 76**

**Tuesday, October 19 - Friday, October 22, 2021**

**PARENT PERMISSION FORM**

**APPLICATION DEADLINE: Thursday, October 7, 2021**

Dear Parents:

Your son or 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, Oct. 19, 2021, and end Friday evening, Oct. 22, 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 an emergency, you can reach your son or daughter 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 or 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 Thursday, Oct. 7, 2021. **OUR RETREAT WILL HAVE A MAXIMUM OF 12 Girls and 12 Boys - FIRST COME, FIRST SERVE (THIS RETREAT WILL BE FOR JUNIORS & SENIORS; Seniors in a winter sport are given priority).**

**Please sign and return the attached permission form with payment by Thursday, Oct. 7, 2021.**

(Keep this sheet for future reference.)

Sincerely,

Dr. Tom Pallardy, Psy. D.  
Kairos Director

## KAIROS 76

**Tuesday, October 19 - Friday, October 22, 2021  
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Kairos is an intensely spiritual activity and we feel it is important enough to warrant that your son or daughter misses 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) **or has Covid-19 symptoms** will be asked to immediately leave the retreat and the situation 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 including the leaders) 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, WITH SENIORS GIVEN PRIORITY WHO ARE IN A WINTER SPORT.**

**KAIROS 76**  
**OCT. 19 - 22, 2021**

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:**

Mother's email address: \_\_\_\_\_

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

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

Father's email address: \_\_\_\_\_

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

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

**(Over)**

Please list any medical problems (asthma, diabetes, **food allergies**, attention issues or learning disorders) your son or daughter has that we should be aware of, as well as special dietary needs and the medication that he/she will need to take while on Kairos:

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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 he/she 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 on Tuesday, Oct. 19, until Friday evening, Oct. 22, 2021.*

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 Thursday, Oct. 7, 2021.**

**If you need to discuss payment, please contact Dr. Pallardy at**

[TPallardy@stlaurence.com](mailto:TPallardy@stlaurence.com) or call 708-458-6900 Ext. 221.