

# KAIROS RETREAT Application & Parent Permission

Please return by October 31, 2017

Applications received after 10/31 will be accepted only if room is available and may be placed on a waiting list.

Retreatant Name: \_\_\_\_\_ HR \_\_\_\_\_

Retreatant Home Address: \_\_\_\_\_  
street city zip

Retreatant E-Mail Address: \_\_\_\_\_

Retreatant Phone: \_\_\_\_\_ (Home or Cell?) Birthday: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Daytime Phone/Cell Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Daytime Phone/Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Retreatant's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Specific medical allergies, chronic illnesses, or other conditions: \_\_\_\_\_

Does retreatant need to take medication while on this retreat? Yes No

If yes, give name of medication, dosage, frequency: \_\_\_\_\_

Insurance: \_\_\_\_\_ Identification # \_\_\_\_\_ Group # \_\_\_\_\_

Dietary needs: no red meat \_\_\_\_\_ no chicken \_\_\_\_\_ no fish \_\_\_\_\_ no dairy \_\_\_\_\_ gluten-free \_\_\_\_\_  
Other:

**Choice of Dates** (Please indicate your availability for **each** of the following choices. Try to keep all the dates open.)

I. Monday through Thursday, June 25 - 28, 2018

is my ( 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> ) choice **OR** is not an option for me because  
*circle one*

\_\_\_\_\_

II. Monday through Thursday, July 9 - 12, 2018

is my ( 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> ) choice **OR** is not an option for me because  
*circle one*

\_\_\_\_\_

III. Monday through Thursday, July 30 - August 2, 2018

is my ( 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> ) choice **OR** is not an option for me because  
*circle one*

\_\_\_\_\_

The Kairos Retreat

The Greek word "Kairos" refers to a special time of the Lord. This retreat is meant to be just that for the participants through student and faculty presentations, conversation, and communal reflection. Student responsibility and commitment are essential to the effectiveness of the retreat. There are limited places available on each of the scheduled retreats, each of which will be held at St. Francis Retreat House in Easton, PA, but we should be able to accommodate every rising senior who wants to participate. After submitting the application and deposit, your daughter will be notified as soon as possible regarding the retreat date for which she has been accepted. Every effort will be made to honor your requests, but **not every girl will be able to receive her preferred date. Please try to keep all three dates open.** Your understanding and cooperation is appreciated.

Because of the three-day length of the program, it is necessary to charge a fee of \$300 to help cover the costs involved. We do not want any of our students to miss taking advantage of this wonderful opportunity simply because of the cost, so if there is a genuine financial need that would prohibit your daughter from participating, please contact Mrs. Paolantonio.

**A deposit of \$150 is due with this application form**, with the balance of \$150 due no later than Thursday, March 1. If you prefer to pay the full amount of \$300 now, you may do so. Please make your check payable to *Villa Maria Academy*.

Student Agreement

I understand that participating in an off-campus activity is a privilege and that I am representing Villa Maria Academy. I agree to abide by the policies of the school and of the sponsoring moderator.

Student's Signature: \_\_\_\_\_

Parent Permission

I, the parent/guardian of \_\_\_\_\_, request that Villa Maria Academy allow my daughter to participate in the Kairos Retreat Program and all related activities and events associated with this retreat. In consideration for the making of the arrangements and providing this retreat experience for my daughter, I hereby release and save harmless Villa Maria Academy and all its employees and representatives from any and all liability arising to my daughter as a result of this trip. I further request that my daughter make use of the transportation supplied by VMA to and from the retreat house. I understand that my daughter is expected to be a responsible participant in the retreat group and will support her in any way I can.

Also, as parent or guardian, I authorize the treatment of my daughter by a qualified and licensed medical physician in the event of a medical emergency which, in the opinion of the attending physician, may endanger her life, cause disfigurement, physical, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to contact me.

Additionally, if my daughter has given or in the future gives her cell phone number, (check one) \_\_\_\_\_ I grant permission / \_\_\_\_\_ I do not grant permission for an adult leader of the retreat to contact my daughter via her cell phone for matters related to the Kairos retreat program.

Parent Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_