

Kairos IX

Retreat Information & Registration

Kairos is an intensive 3 day, 2 night retreat experience for Vermilion Catholic, a legacy of Mt. Carmel JUNIORS and SENIORS being facilitated by Mrs. Rachael David and Mrs. Julie Broudreux and led by the Senior Kairos team. This is a special time for those who wish to grow deeper in their relationship with God, themselves, and others.

APPLICANTS ACCEPTED ON FIRST COME-FIRST SERVE BASIS.
LIMITED SPACE AVAILABLE.

DATE:	Saturday, November 14, 2026 – Monday, November 16, 2026
LOCATION:	Stillwater Catholic Retreat Center 13407 Junius Rd, Abbeville, LA 70510
COST:	\$200 per retreatant (covers room & board, meals, transportation, supplies, etc.)

To register, submit the following:

1) Registration Form (Page 3)

2) Parent/Guardian Consent Form (page 4)

3) Driver's License and Medical Insurance Copies (Page 5)

4) Select payment options on the registration form (Page 6)

*****Options to pay in full or divide into two payments (see last page)**

- Cancellations made more than two weeks prior to the retreat will be credited to a future retreat. Payment will be forfeited for cancellations less than two weeks prior to the retreat. ●
- *Financial aid available for those in financial need.*
- Give registration form, consent form, copies of insurance and license, and fees to Mrs. Rachael David, Kairos Coordinator.
- For more information, questions, and/or financial aid, please contact Mrs. Rachael David at rachael david@vermilioncatholic.com. In the event of an emergency during the retreat, you may contact Stillwater Catholic Retreat Center at (337) 893-6111 or Mrs. Rachael David at (337) 652-3836.

Keep pages 1 & 2 at home for reference.

WHAT TO PACK:

- Comfortable (and appropriate) clothing for three days
No cropped or cut shirts, no midriffs showing
Jeans, joggers, and sweatpants are acceptable (no tights)
You will be asked to change if you do not have on appropriate clothing •
- Sweatshirt or jacket (retreat rooms and weather may be cool and / or rainy) •
- Sandals, tennis shoes, and/or flip flops
- Toiletries (toothpaste, toothbrush, soap, shampoo, conditioner, etc.) •
- Bath towels (I recommend at least 2), wash cloths
- Sheets, blanket, and/or sleeping bag, pillow
- Bible, rosary, journal for personal prayer time

SNACKS & DRINKS:

Every good retreat comes with good food and snacks!

- If you have special dietary restrictions, please let Mrs. Rachael know. Meals will be provided throughout the weekend and I need to know which of the students have special needs.
 - Everyone should bring a type of SNACK to SHARE (fruit, chips, brownies, anything!) We have a common snack table that we use throughout the weekend. •
- In addition to snacks above:

- ***If your last name starts with A – M, bring a case of bottled water!***
- ***If your last name starts with N – Z, bring a pack of soft drinks in cans!***

DO NOT PACK:

- Cell phones, watches or any electronics

We “retreat” in order to get away from all of the distractions of our busy world and connect with God. If a student brings a cell phone or electronic device, it will be picked up at the beginning of the retreat and given back at the end of the retreat. Phones will be available to use with retreat coordinators in the event of an emergency. It is in your very best interest that we institute this policy. Thanks!

TIMES & TRAVEL:

Arrival : On Saturday, November 14th , arrive at Stillwater Retreat Center for 8:30 am
Please eat breakfast before arriving. Students should be dropped off at the retreat center.

Students are not allowed to arrive in their personal vehicles.

Return: We will have a closing in the chapel at Stillwater Retreat Center at 12:00 pm.. It will last about 30 minutes and the students will leave with you afterwards.

Kairos Registration Form

STUDENT INFORMATION:

Student Name _____ Grade _____

Address _____

City _____ State _____ Zip _____

STUDENT Email _____

STUDENT Cell # _____

Student Allergies: _____

Mom's Name: _____ Dad's Name: _____

PARENT(S)/GUARDIAN(S) INFORMATION:

Name(s): _____

Address _____

City _____ State _____ Zip _____

Email(s) _____

Phone: (Cell) _____ (Work) _____

EMERGENCY CONTACT INFORMATION:

Name: _____ Relationship _____

Phone: (Cell) _____

Name: _____ Relationship _____

Phone: (Cell) _____

Student Signature: _____

Parent Signature: _____

Application received – Date: _____

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Parent/Guardian Consent for VC Event • KAIROS Retreat

We request that our child _____ attend the KAIROS retreat. We believe the necessary precautions and plans for the student's care have been made. We feel that reasonable vigilance in care and supervision of the students during the retreat will be exercised. We understand that our child will travel on transportation provided/contracted by VC.

This form is to be used to gain parental/guardian consent for a student's participation in a VCHS event that occurs off-campus. It authorizes medical treatment for the student in the event of a medical emergency in which the parent/guardian cannot be contacted. This form must be submitted to Mrs. Rachael David prior to a student's participation in the VC event listed above. An adult chaperone/faculty member will keep these forms throughout the retreat.

(Parent/Guardian completes this section)

We hereby waive, release and forever discharge any and all claims against the Diocese of Lafayette, the above named school, their commissioners, board, teachers, employees, volunteers or agents for damages and/or injuries to or of my child listed above, which may arise from the participation in this

activity. Smoking materials, alcohol, illegal drugs, firearms, and fireworks are strictly forbidden. The use of these shall result in parents being called to come and pick up their son/daughter immediately.

All other school policies, which would reasonably apply, are in effect.

We assume responsibility for repair or replacement cost of any damage to equipment, furnishings, buildings and facilities or grounds of retreat centers and contracted buses. Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examinations and immunizations for the above named student. In case of serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible. If said physician is not able to communicate with me, the treatment necessary for the best of the above named student may be given. In the event that an emergency arises, an effort will be made to contact the parents or guardians as soon as possible. Permission is also granted to those providing needed emergency treatment to the student before his/her admission to the medical facilities.

Parent Primary Phone # in case of an emergency: _____

Parent Alternate # in case of an emergency: _____

Next person to be contacted in case of an emergency (after parent/guardian):

_____ Phone #: _____

Family Physician (name): _____ Phone #: _____

Parent Signature: _____ Date _____

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REGISTRATION FEE OPTIONS • KAIROS Retreat

PLEASE CHECK YOUR PREFERENCE

Pay in 2 installment payments

- ☐ **FACTS** - Half/Half
 - Pay \$100.00 deposit and will assess from my FACTS account on **Monday, October 12, 2026** followed by
 - Pay \$100.00 on **Tuesday, November 10, 2026**
- ☐ **CASH/CHECK** - Half/Half -
 - ☐ Pay \$100.00 deposit with a check (*Made out to Vermilion Catholic*) OR cash by **Monday, October 12, 2026**
 - ☐ Final payment of \$100.00 check or cash by **Tuesday, November 10, 2026**

Pay in full (one time payment)

- ☐ **CASH/CHECK** - Pay In Full (\$200) with a check (*Made out to Vermilion Catholic*) at time of registration or by **Tuesday, November 10, 2026**
- ☐ **FACTS** - Pay In Full (\$200) and I would like you to assess from my FACTS account on **Tuesday, November 10, 2026**
- ☐ I would like to make a donation to help sponsor a student to attend the retreat (any amount can help another student to be able to attend). We appreciate your generosity. Amount \$_____

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LICENSE AND INSURANCE • KAIROS RETREAT

In this space provided or on an attached page please attach a copy of the student's HEALTH INSURANCE CARD and DRIVER'S LICENSE.

If the student does not have a driver's license then please state in writing below