

# Kairos VI

## 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 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.

<b>DATE:</b>	Saturday, November 4, 2023 – Monday, November 6, 2023
<b>LOCATION:</b>	Stillwater Catholic Retreat Center 13407 Junius Rd, Abbeville, LA 70510
<b>COST:</b>	\$180 per retreatant (covers room & board, meals, transportation, supplies, etc.)

***To register, submit the following:***

- 1)Registration Form**
- 2)Parent/Guardian Consent Form**
- 3)License and Insurance Copies**
- 4)Select payment options on the registration form**

**First Payment due by Friday, Sept 29, 2023 (full or half)**

**Second Payment (if half) DUE BY Monday, October 30, 2023**

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  
rachaeldavid@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 my 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 & 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:**

Departure: On Saturday, November 4, please be at school at 8:00 am.

Check-in with the adult chaperones.

Have your luggage loaded into the luggage transportation.

Buses will leave VC at 8:30 am on Saturday, November 4th.

*Please eat breakfast before arriving at school!*

**PLEASE BE ON TIME – WE CANNOT WAIT FOR LATE-COMERS!**

Return: We will return to St. Mary Magdalen at approximately 4:00 pm on Monday, November 6th.

# 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: \_\_\_\_\_

# Parent/Guardian Consent for VC Event • KAIROS Retreat

## PARENT/GUARDIAN

**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. Erin Thomas 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: \_\_\_\_\_

## LICENSE AND INSURANCE Page • KAIROS Retreat

In this space provided below please attach a copy of the student's insurance card and driver's license. If the student does not have a driver's license then please attach a copy of his/her School ID.

### Registration Fee Payment Options: *please select your payment preference*

***Pay in Full - by Monday, October 2nd***

***First Payment - by September 29, 2023***

***Final Payment - by October 30, 2023***

- ☐ Pay \$90.00 deposit and will assess from my FACTS account on Sept. 29th followed by \$90.00 on Monday, October 30, 2023
- ☐ Pay \$90.00 deposit with a check (*Made out to Vermilion Catholic*) OR cash by Friday, September 29th - followed by final payment of \$90.00 check or cash by Monday, October 30, 2023
- ☐ Pay In Full (\$180) and I would like you to assess from my FACTS account.
- ☐ Pay In Full (\$180) with a check (*Made out to Vermilion Catholic*)
- ☐ 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 \$\_\_\_\_\_