



Kairos

TO: _____ PLEASE READ AND COMPLETE
YOUR KAIROS APPLICATION AND RETURN BY **TOMORROW**

You are cordially invited to attend a Kairos retreat. Kairos, meaning “the Lord’s Time” in Greek, is a three-day retreat meant to give you a chance to experience Christian community. It is a SACRED time for you to reflect upon your relationship with God, with others, and with yourself. Kairos is led by a team of Providence staff and students. It is held at St. Charles Borromeo Retreat Center in Romeoville. Bus service is provided to and from the retreat center.

Going on a school-sponsored retreat in your Senior year is a graduation requirement, and Providence provides two options for you: you may either attend a Kairos retreat, or you may go on a one-day retreat in May. Please remember that attending a Kairos retreat is a privilege, NOT an obligation.

If you choose to attend Kairos, do so with the desire to listen, to learn, to be open-minded, and to participate fully. Also, plan to attend only if you can fulfill the following expectations:

First, that you will be open to the message of God’s love in this world and in your life; second, that you will comply with the conduct policies of Providence, St. Charles Borromeo, and the Kairos program; and third, that you will refrain from the use of all tobacco products for the duration of the retreat.

You and your parents/guardians may need to consider whether the dates of this particular Kairos are convenient for you to be away from other responsibilities and obligations, such as school, work, and extra-curricular activities.

STUDENT: I have read the aforementioned information and I wish to attend the Kairos retreat beginning _____ and ending _____. Further logistical details will be given to you one week before the Kairos.

PLEASE PRINT

*STUDENT SIGNATURE: _____

*STREET ADDRESS: _____

*CITY: _____ *ZIP _____ *HOME PHONE:_()_____

PARENTS/GUARDIANS: I have read the aforementioned information and I give my son/daughter permission to attend this particular Kairos retreat and to use the transportation provided by Providence Catholic High School.

*PARENT/GUARDIAN SIGNATURE: _____

*WORK NUMBER (IN CASE OF AN EMERGENCY): _____

OVER PLEASE

Medical Permission

I grant permission for the administration of First Aid to _____
(Fill in name of child)

by the people in charge of the trip, and those transporting my child to and from the program as their judgment deems advisable, and to make the necessary referrals to qualified physicians for treatment of illness or accidents of a more serious nature. I understand I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In case of medical emergency, I understand that every effort will be made to contact the parent/guardian of the participant. In the event that I cannot be reached, I hereby give permission to the physicians selected by the adult staff to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery if deemed necessary for my child.

Print Name: _____ **Birth Date:** _____
(Youth) (Youth)

Allergic to medication/other? No _____ YES _____ What: _____

Medication(s) presently taking: _____

Insurance Information

Policy in the name of: _____

Insurance Company: _____

Policy Number: _____

Authorized Physician _____ Phone: () _____

Signature of Parent/Guardian _____ Date _____

Address _____
Street City State Zip

Phone number where I can be reached during the event:
() _____