

Candidates Name _____



Kairos Retreat 150 - Student Candidate Application

Tuesday, September 17, 2019, – Friday, September 20, 2019

(Keep this page for future reference)

Dear Parent(s)/ Guardian(s)-

Your son is invited to participate in Brother Rice High School's Kairos retreat program. The word "Kairos" means "the Lord's time." It is a special time which extends from 3:30 PM on a Tuesday until 5:00 PM the following Friday evening and is spent at the Port in Frankfort. Bus service is provided. It is essential the persons who attend come with the basic desire to listen and participate. With that understanding, this application is an invitation and should not represent undue pressure on anyone to attend. (Participation in a Kairos retreat is not a graduation requirement. Please consider whether or not your son can afford to be away from classes at this particular retreat time.)

PLEASE NOTE:

- 1) Academic standing, discipline record, and school attendance are weighed before final candidate approval, and
- 2) Unless you hear from Mr. Augustyn, you are accepted and will be contacted with further directions 1 week before leaving.

PARENT INFORMATION- PLEASE READ CAREFULLY

PERMISSION, LIABILITY RELEASE, & PAYMENT OBLIGATION STATEMENTS:

I hereby request that my son participate in the KAIROS retreat, and I also request that my son make use of the transportation supplied by Brother Rice High School. I release Brother Rice High School, its employees, and its volunteers from any liability and waive any claims against them. I understand that KAIROS is a school sponsored event and that all school rules and policies, as stated in the *Brother Rice High School 2019-2020 Crusader Handbook and Planner*, apply while my son participates in this experience. In particular, the use of any tobacco products, alcohol, vaping or drugs in any form not prescribed by a physician is strictly prohibited. Parents will be notified and required to pick up any students found in violation of this policy, and the violation will be reported to the Dean of Students for further disciplinary action. In particular, by Illinois state law and retreat center regulation, no smoking or vaping is permitted within the retreat center. Violations of the smoking/vaping policy will result in a fine assessed to any rooms where evidence of smoking or vaping is discovered, and all fines will be the responsibility of those assigned to the room.

I understand that this application form must be returned to the Campus Ministry Office by Wednesday, September 4, 2019 with a down payment of \$150.00. Retreats are FIRST COME--FIRST SERVED so get application and down payment in early.

The total retreat cost - \$290.00- covers all costs for use of the retreat center, accommodations, nine meals, materials, and transportation to and from the retreat center. Balance of \$140 due by September 16, 2019.

Please watch your E-mail for further participation information in the weeks before the retreat

(Check your spam folder also- sometimes the message ends up there depending on your E-mail settings).

If you do not receive the E-mail, or for further questions about payment and/ or the retreat itself, contact Mr. Joe Augustyn- Campus Minister- at (773) 429-4300 ext 142 or E-Mail jaugustyn@brrice.org.

Candidates Name _____

Kairos 150

Return this page and a field trip permission form

I request my son participate in Kairos and agree to all rules and payment obligations stated above:

Parent/ Guardian Signature(s): _____ Date: _____

_____ Date: _____

PLEASE PRINT & COMPLETE ALL INFORMATION on application and Field Trip form CLEARLY & CAREFULLY

Student Name: _____

Name for name tag: _____

Year in School: _____

Theology Teacher Name _____ Period : _____ Room: _____

Student Cell Phone Number: (_____) _____ - _____

Student E-mail _____

FOOD allergies/special dietary needs:

Home Phone Number: (_____) _____ - _____

Primary Language Spoken at Home: _____

Father/ Guardian Full Name: _____

E-Mail Address: _____

Work Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

Mother/ Guardian Full Name: _____

E-Mail Address: _____

Work Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

DO NOT TURN IN SLOPPY OR INCOMPLETE APPLICATIONS (Complete Field Trip Form also)