



KAIROS APPLICATION



Kairos is a three-night, four-day experience open to all juniors and seniors at STVM. The retreat is led by a team of students and faculty or staff members. Named for the Greek term meaning "God's time," the Kairos retreat offers students time to reflect more deeply on their high school experience and their relationship with self, God, and others. If you are willing and wanting to participate in this truly transformational experience, please complete this application and return it to the Campus Ministry Office with cash/check/money order for a total cost of \$300 or down payment of \$100 to hold your spot.

Section 1: Student Information

Student Name _____

Student Email _____

Student Cell Phone Number _____

Grade Level

- ☐ Junior
☐ Senior

Home Address _____ **City** _____ **Zip** _____

T-Shirt Size

- | | |
|----------------------------|------------------------------|
| ☐ S | ☐ XL |
| ☐ M | ☐ XXL |
| ☐ L | |

Section 2: Retreat Selection

Which Kairos Retreat would you like to attend?

- ☐ Kairos 55 (Seniors Only) – November 8-11, 2026 -Application Deadline: October 9, 2026
- ☐ Kairos 56 (Juniors & Seniors) – January 17-20, 2027 - Application Deadline: December 11, 2026
- ☐ Kairos 57 (Juniors & Seniors) – March 30-April 2, 2027 - Application Deadline: March 5, 2027



Section 3: Student Agreement

Please read and acknowledge by checking the following statements:

- ☐ I understand that I must complete this registration form.
- ☐ I understand that a parent/guardian must complete the Parental Permission and Medical Authorization sections.
- ☐ I understand that the retreat fee is \$300 and must be paid by cash, check, or money order payable to St. Vincent-St. Mary High School and must be paid in full at least 1 week before the start of the retreat..
- ☐ I understand that a minimum \$100 deposit is required to reserve my spot.
- ☐ I understand that my registration is not complete until all required forms are submitted and payment is received and if I am struggling with payment that I will have a parent/guardian contact Mrs. Goshe to discuss scholarship and payment options.
- ☐ I understand that retreat space is limited to 48 participants and spots are filled in the order registrations and payments are received.
- ☐ I understand that I am responsible for notifying my teachers of my absence and completing all assignments missed.
- ☐ I understand that all St. Vincent-St. Mary High School rules and policies remain in effect during the retreat.
- ☐ I understand that violations of school rules may result in disciplinary consequences, including removal from the retreat.

Student Signature _____

Date _____



KAIROS RETREAT PARENTAL PERMISSION FORM

Section 1: Parent Permission

I give my permission for my child, _____
to:

- ☐ attend and participate in the Kairos Retreat offered by a joint Faculty/Senior student team from St. Vincent-St. Mary High School at the Loyola of the Lakes Retreat Center in Clinton, OH.
- ☐ to travel by bus to and from Loyola Retreat Center. AND....
- ☐ **I understand that it is the responsibility of my child to inform all his/her teachers of their upcoming absence, to gather all assignments that will result due to their absence for this retreat, and to make arrangements for the timely completion of any assignments given by their teachers due to my absence.**
- ☐ **I understand that it is the responsibility of my child to complete any "make-up" work before he/she leaves for this retreat and/or upon his/her return to class after the retreat.**
- ☐ I agree to allow my child to participate in this retreat and hereby assume all the risks associated with participation and travel, to and from, and agree to hold St. Vincent-St. Mary High School, its employees, agents, representatives, and volunteers harmless from any and all liability, actions, causes of actions, debts, claims, or demands of any kind and nature whatsoever which may be related to or connected with his/her participation in any activities related to this retreat including travel.
- ☐ I have read and understand this form and agree to the above stated conditions.

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

Section 2: Parent Contact Information

Please fill out this section NEATLY and COMPLETELY

	Name	Email	Phone Number(s)
Parent/ Guardian #1			
Parent/ Guardian #2			



KAIROS RETREAT MEDICAL AUTHORIZATION FORM

Part 1: Parental Consent For Emergency Medical Treatment

I hereby give consent for the following medical care providers and hospital to be called:

Physician _____ Phone # _____

Dentist _____ Phone # _____

Specialist _____ Phone # _____

Hospital _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctors, or, in the event the designated practitioner is not available, by another licensed physician or dentist: and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

☐ I grant my consent. Parent Signature _____ Date _____

☐ I **DO NOT** grant my consent. Parent Signature _____ Date _____

In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

_____ Pa

Part 2: Medical History/Facts concerning the child's, to which a physician should be alerted:

Dietary Restrictions	Check what applies and explain as needed.
☐ Vegetarian ☐ Gluten Free ☐ Peanut Tree/Nut ☐ Lactose Intolerance ☐ Other (Please Explain)	
Physical Impairment	
Mental Health Concerns *It is imperative to share this information.	

Part 3: Additional Emergency Contact(In the event of an emergency and we are unable to contact parent or guardian, please list an additional person we may contact.)

Name _____ Relationship _____ Phone _____