



Catholic College Preparatory School Educating Women Who Make A Difference Since 1945

Mercy KAIROS Retreat Sign Up

Dear Mercy Class of 2024 Parent/Guardian:

We are very pleased to continue in Mercy's beloved tradition of our KAIROS retreat. This October Mercy will hold our 76th KAIROS retreat! An important part of your daughter's Mercy high school experience is her spiritual discovery and growth. We are very happy that your daughter has decided to attend a Mercy's KAIROS retreat this year! Please know we are keeping her in our prayers as she prepares to attend retreat. KAIROS is Greek for, "God's time." KAIROS is a four-day faith-based retreat away from home and school to give your daughter a chance to look deeply at herself and her relationship with her family, others, and with God.

Mercy High School values the religious and spiritual growth of each student. We are committed to making our retreat program accessible to all students and hope to remove any financial barriers from experiencing the KAIROS retreat. There is no mandatory cost for your child's participation and we invite you to consider making a one-time donation to support our KAIROS retreat program.

We kindly ask that families consider offering a donation to our KAIROS Scholarship fund to ensure that our KAIROS retreat program may be possible for future Mercy students. The estimated retreat cost per person and suggested donation amount is \$350. Please indicate below if you intend to make a donation to our KAIROS Scholarship Fund.

Yes, I would like to donate to the Kairos Scholarship Fund in the amount of: \$ _____

Checks can be made payable to Mercy High School and sent to the reception desk %: Office of Mission and Ministry. Thank you for your generous donation! You will receive a receipt of your donation from the Advancement Office.

Please complete the following paperwork digitally and email all completed forms to Mrs. Mary Kate Becker at mkbecker@mhsmi.org. Save the signed document as follows: "Last Name, First Name - KAIROS." Retreats are filled on a first come first serve basis.

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Finally, please know of our prayers for your daughter as she begins this process!

Thank you!

Sincerely,

Mary Kate Becker
Office of Mission and Ministry
mkbecker@mhsmi.org

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Parent/Guardian Permission Form

Your daughter is eligible to participate in a school-sponsored activity requiring transportation to a location away from the school premises. This activity will take place under the guidance and supervision of employees from Mercy High School. We will leave at approximately 4:15 pm on Tuesday, the first day of the retreat and the retreat concludes at 4:30 pm on Friday, the last day of the retreat.

We reserve the right to withhold consent for a student to attend the retreat due to grades and/or excessive absences. "In addition, the school reserves the right to prohibit a student from attending a retreat due to school rule violation(s) and/or inappropriate behavior."

Activity: KAIROS Retreat

Location: St. Paul of the Cross Retreat Center
23333 Schoolcraft Rd, Detroit, MI

Transportation: Charter Bus

Designated Supervisor: Mrs. Mary Kate Becker

Please select which retreat dates you're signing up for:

- Tuesday, October 24-Friday, October 27, 2023
- Tuesday, February 6-Friday, February 9, 2024
- Tuesday, April 16-Friday, April 19, 2024

If you would like your daughter to participate in this event, please complete, sign and return the following statement of consent and release of liability. As parent/guardian you remain fully responsible for the actions and conduct of your child.

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Statement of Consent

I hereby consent to participation by my child in the event described above. I understand that this event will take place away from the school grounds and that my child will be under the supervision of the designated school employee(s) on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation.

In consideration of my child being allowed to participate in this field trip, I agree to indemnify and hold harmless Mercy High School, any and all affiliated organizations, their employees, agents and representatives, including volunteer and other drivers, from any and all claims, including negligence, arising from or relating to my child's participation in this field trip. This indemnification and hold harmless agreement does not apply to claims for intentional misconduct or gross negligence.

PARENT/GUARDIAN

(Signature)

(Print Name)

DATE _____

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Behavioral Contract

All of the rules regarding drug and alcohol use that are stated in the Mercy student handbook will apply while on this retreat. In addition to the sanctions that Mercy High School places on those found violating these rules, during the retreat, ANY STUDENT FOUND POSSESSING OR USING CIGARETTES, VAPE PENS, DRUGS, OR ALCOHOL WILL BE ASKED TO LEAVE THE RETREAT IMMEDIATELY. Parents will be called to come and pick their daughter up. St. Paul of the Cross Retreat Center is a smoke/vape free and alcohol free facility. They reserve the right to charge any individual found smoking/vaping on the premises a \$75.00 fine.

Part of what makes a retreat successful is taking a step back and removing ourselves from the little things of our everyday lives. In order to help accomplish this, we ask that the students not use electronic devices during the retreat. If your daughter has a cell phone, please make sure she brings it for an opening activity, after which they will be collected and returned at the close of the retreat. In case of an emergency we will make sure she has access to a phone and you may reach us at the St. Paul of the Cross at (313) 535-9563, or Mrs. Becker's cell at 317-319-4453.

It is important your daughter adheres to all guidelines and cooperates fully with the staff and student leaders on retreat. Outside of the general rules covered in your handbook these also apply. No food is consumed in the sleeping rooms; all retreatants must remain in their assigned sleeping room. When it is curfew time everyone should be in her assigned room with lights off. No one is to be out of their room after lights out unless there is an emergency. Please note St. Paul of the Cross offers rooms with a private bathroom in each. All rooms will be single occupancy.

For a successful experience all retreatants must remain open to the experiences on the retreat. This includes, but is not limited to silent time, prayer, small and large group discussions, quiet personal journaling time. We ask that you participate to the best of your ability and maintain an atmosphere of respect for each other and the process at all times on the retreat including listening and following the directions of the retreat leaders.

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If your daughter chooses not to adhere to the above guidelines, you will be asked to come to St. Paul of the Cross and pick her up.

I (*print student's name*) _____
understand that the rules stated above apply to me while I am on the KAIROS Retreat and that I will be asked to leave the retreat if I violate any of these rules.

Signature of student: _____

I (*print parent's name*) _____
understand that the rules stated above apply to my daughter while she is on the KAIROS retreat. You will be able to reach me at the following numbers during the retreat.

Signature of parent/guardian: _____

Cell Phone: () _____ - _____

Parent/Guardian email address: _____

*** If you are going to be out of town or unreachable, please indicate below someone who is aware of the above rules and should be contacted in case of emergency:

Name: _____ Relationship to student: _____

Cell Phone: _____

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Medical Treatment Authorization

To Whom It May Concern:

As a parent/guardian, I do hereby authorize the treatment by a qualified and licensed physician of any condition which, in the opinion of the physician, is deemed necessary and appropriate. This authority is granted only after reasonable effort has been made to reach me.

Student's Name: _____

Relationship to you: _____

Reason for which medical release is intended: KAIROS Senior Retreat

Student's Home Address: _____

Emergency Phone(s) _____

Family Physician Name: _____

Physician Phone Number: _____

Physician Address: _____ City _____

List: allergies, medications, contacts or other pertinent comments. Please make sure your daughter has her medicine with her including: epipen, insulin, inhaler.

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Health Insurance Data:

Company: _____ Policy #: _____

Group # _____ Contract _____

I further authorize the person who presents this minor to sign Acknowledgement of Receipt of Notice Privacy Rights that may be presented by the physician or healthcare facility.

This authorization is complete and signed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician.

Parent/Guardian Signature _____ Date _____

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Release for Dispensing Medication

****Please complete only if applicable to your student****

We, the undersigned parent and/or guardian of:

Student's Name: _____

DOB: ____/____/____

do hereby sign and execute this release on behalf of us and on behalf of our daughter.

Name of Medication: _____

Dose: _____

Time to be administered: _____

Duration: _____

ATTACH DOCTOR'S NOTE REGARDING ADMINISTRATION OF MEDICATION

- Check here, and attach an emergency care plan, if this release is for a metered dose asthma inhaler, which the student will possess and use at his/her own discretion in school or at school activities. The physician and parents/guardian signature below apply to the inhaler possession and use by students as permitted in Public Act 10 – Revised School Code.

(Doctor's Signature)

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(Please Print Name)

(Date)

(_____) _____

(Phone Number)

We hereby waive any liability whatsoever to the school or the Archdiocese of Detroit or any of its personnel, that might occur as the result of giving said medication in the indicated dosage at the time requested to our minor son/daughter/ward.

PARENT/GUARDIAN

(Signature)

(Print Name)

DATE _____

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