



Central Catholic High School

Sophomore Retreat

The CCHS Sophomore Retreat is a two day, one night experience of exploring our relationship with God. We pray, dialogue and do activities that call us to look at our relationship with Jesus and consider those people and experiences in our life that influence that relationship.

Please keep this information sheet!

WHAT: Sophomore Retreat

WHEN: Wednesday, October 14th 6 PM – Thursday, October 15th 2 PM

We meet at CCHS at 6:00 pm and return by 2pm on the next day, *except days specified due to change in schedule at school.*

WHO: 40 sophomores.

Retreats are lead by a team of 6 juniors and at least 3 faculty members

WHERE: Saint Basil Retreat Center, 30 East Street, Methuen, MA
Office Phone: 978-683-2959

COST: \$20 **Please make checks payable to CCHS**
Cost includes transportation to and from the retreat facility, lodging, snacks and meals, and all retreat materials.

Retreat Director:

Mr. Chris Sullivan, Director of Religious & Spiritual Life
Office: 978-682-0260 ext. 620
Email: csullivan@centralcatholic.net

Scholarships are available – please speak with Mr. Sullivan.

No student will be denied the opportunity for a retreat experience because of a financial situation.



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What to bring:

- Sleeping bag & pillow **or** two sheets, blanket & pillow
- Toiletries including soap
- Towel and face cloth
- Snacks and Drinks to share. Individual packages are appreciated!
- Casual, comfortable clothes that are appropriate for a dress down day.

Please follow the CCHS “dress down day” policies.

- **Water bottle to refill, labeled with name**
- Musical Instrument (optional)
- **Staff cannot administer any medication**

Should students need to bring medication with them, it must be in the original prescription or over the counter container and only the amount needed for the 2 days. This includes Tylenol, Motrin, allergy pills etc.

NO STUDENT SHOULD SHARE THEIR MEDICATION WITH OTHERS.

Cell phone and iPad use will not be allowed while on retreat.

Retreat is a time to step away from the distractions of everyday life. This means disconnecting from cell phones and iPads for the duration of retreat so that each student can be fully present to one another and to God.

- Students are to bring their cell phone on retreat and may text parents that they have arrived safely.
- We will have students turn off their phones and we will collect them. If a student needs to use a phone, they can see the Retreat Director.
- If parents need to contact students, please do so via the Retreat Director (see contact info on reverse page).
- Cell phones will be returned to students at the end of the retreat.
- **iPads should be left at home.** If a student is coming directly from school, their iPad will be kept in a secure location with the cell phones.

We are so glad you will be joining us on retreat!

Print name _____ F _____ M _____ HR _____

CENTRAL CATHOLIC HIGH SCHOOL
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PARENTAL CONSENT FORM

A STUDENT WILL NOT BE PERMITTED TO PARTICIPATE WITHOUT THIS COMPLETED FORM

TRIP: Sophomore Retreat Wednesday, October 14, 2015 – Thursday, October 15, 2015

LEAVE FROM CCHS at 6:00 pm on 10/14/15 RETURN TO CCHS by 2:00 pm on 10/15/15

TRAVEL BY: School bus

CURRICULUM OBJECTIVE: To deepen relationship with God, self and others.

1. I request that CCHS take _____ on the above named trip. The student agrees to abide by the rules and regulations established by the trip moderator.
2. Students are expected to behave properly and adhere to the rules. Any violations of school rules and regulations will be dealt with firmly. Any serious violation will result in a student being sent home at the student/parents own expense, as well as other school imposed sanctions.
3. The parent/guardian will pay for any damages directly or indirectly caused by the above named student.
4. Students with particular medical conditions or students under medication must bring this to the attention of the trip moderator before the trip.
5. Central Catholic and their representatives are not liable for any accidents or injuries that might occur.
6. The parent/guardian agrees to give permission to the trip moderator to make emergency medical decisions in the event it is necessary and the parent/guardian cannot be reached by phone.
7. I authorize the school official or any other trip chaperone, presented with a reasonable suspicion, to search for and seize any item my child may have that violates a criminal or school rule or provides evidence of a criminal law or school rule violation.

MEDICAL POLICY NAME

MEDICAL POLICY NUMBER

HOME ADDRESS

PARENT/GUARDIAN PRINTED NAME

PARENT NAME/CELL PHONE NUMBER(S)

EMERGENCY NAME & PHONE NUMBER

KNOWN ALLERGIES OR MEDICAL CONDITIONS (Include dietary restrictions)

SIGNATURE OF PARENT/GUARDIAN