

## Saint Genevieve Freshmen Retreat Information || Aug. 4 (Girls) / Aug. 11 (Boys)

### **Q: What time do I need to arrive? Where will it take place?**

*A: Please arrive by 5:45 pm Saturday, the retreat takes place on campus. Students will also attend a special Midnight Mass in the church.*

### **Q: Where do we report?**

*A: Please report to the gym entrance next to the Cafe.*

### **Q: What time do I pick up my child?**

*A: Please pick up your child by 8:15 am on Sunday morning*

### **Q: What do I need to bring? How should I dress?**

*A: A sleeping bag, pillow, toothbrush and toothpaste, and any additional toiletries, any medicine (please check it in)*

*Wear comfortable clothing.*

### **Q: Who will be present?**

*A: Faculty and Student Senior leaders. Campus safety will also be present.*

### **Q: Will my child sleep?**

*A: They will have an opportunity to get some sleep...but most stay up.*

### **Q: Do I need a permission slip?**

*A: Yes, please bring the permission slip mailed to you or download it from the website.*

### **Q: Will my child be fed?**

*A: Yes we will have a late night bbq...but students are welcome to bring snacks and beverages. (Sharing is encouraged)*

***\*\* Parents can bring water, soft drinks, snacks for Service Hours. \*\****

### **Q: Is my child permitted to bring a cell phone?**

*A: Yes, but students are encouraged to **refrain** from using any device during the retreat.*

***\*\*Students are responsible for their device; the school does not assume responsibility for any device\*\****

### **Q: If I need to reach my child, who do I call?**

*Mr Torres (213)-804-5211 | Email at [torres@sgps.org](mailto:torres@sgps.org)*

*Ms. Amanda De La Cruz (Dean of Character Formation) can be reached at [delacruz@sgps.org](mailto:delacruz@sgps.org)*



# Saint Genevieve High School

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(818) 894-6417

## Freshmen Night of Welcome

**Destination:** St. Genevieve High School

**Educational Objectives:** Spiritual community building for freshmen students. This "bookend" retreat gives the students an opportunity to prepare for their first year in high school. They will begin an opportunity to set goals for this year as well as become familiar with faculty and student leaders in the school.

**Date:** Please check which retreat is appropriate for your child.

\_\_\_ **Girls** - Saturday, August 4 to Sunday, August 5, 2018

\_\_\_ **Boys** - Saturday, August 11 to Sunday, August 12, 2018

**Arrival Time:** Saturday afternoon at 5:45 pm

**Departure Time:** Sunday morning at 8:15 am\*

\*Parents must make arrangements for your child to be picked up within 15 minutes of the end of the retreat.

I request that my son/daughter/foster child be permitted to participate in the above retreat. As a condition of being allowed to do so, I hereby, release and discharge the school from any and all claims for personal injuries or property damage that my son/daughter/foster child may suffer as a result of participation in the field trip described above whether or not such injuries or damage are caused by the negligence (active or passive) of the school or its employees. I also agree to pickup my child before 8:30 am on Sunday morning. Failure to do so will result in a \$50 fine. Should it be necessary for my son/daughter/foster child to have medical treatment while participating in this trip, I hereby give the school permission to use their judgment in obtaining medical service and I give permission to the physician selected by the school personnel to render medical treatment deemed necessary and appropriate by the physician. I agree to relieve the school and other participating adults from any liability in connection with this request.

I understand that my insurance benefits that are effective have limited application.

*There must be a permission slip on file, even if your child won't be attending.*

Please check the appropriate box:

\_\_\_ My child **WILL** be able to attend the Freshmen Night of Welcome

\_\_\_ My child **WILL NOT** be able to attend the Freshmen Night of Welcome

**(Name of Student – PLEASE PRINT)** \_\_\_\_\_

\_\_\_\_\_  
**(Parent or Guardian Signature)**

\_\_\_\_\_  
**Emergency Phone Number**

\_\_\_\_\_  
**Date**