

**IMMACULATE CONCEPTION
PARISH RELIGIOUS EDUCATION PROGRAM
24 East Main Street, Stony Point, New York 10980
Tel: (845)786-5298 E-mail: Immaculatereled@verizon.net**

Dear Parents of Confirmation Candidates,

Our retreat is scheduled for Monday, March 26, 2012. ALL candidates are required to attend.

Students will gather in the auditorium. Check-in and breakfast is at 8:30am. The retreat begins promptly at 9:00am and concludes with Mass at 1:00pm. Mass will conclude between 1:30-1:45pm. Please provide transportation for your children. Mr. Tony Bellizzi will be our presenter again this year. Each candidate must bring his/her own lunch. Parents are responsible for transportation to and from the retreat. A bagel breakfast with coffee/tea/hot chocolate/juice will be provided by the program.

This is not an optional activity.

We will need 2 parent volunteers to assist us as chaperones at each retreat. If you are available and willing to spend the day with us, please check off the appropriate space on the permission slip.

We ask that the students dress in neat but comfortable clothing. Jeans are permitted provided they are not ragged. T-shirts and sweatshirts are permitted also provided they contain no inappropriate slogans or graphics. [No tight clothing, no cropped blouses, no low cut jeans, please.]

Cell phones may be brought to the retreat but will be collected at check-in. Each student will place his/her cell phone in a brown paper lunch bag which we will provide and label it with his or her name. Cell phones will be kept in a secure location until Mass has concluded. No other personal electronic devices are permitted: Ipads, Ipods, MPVplayers, video games, etc. Parents needing to reach a student may call the office number during retreat hours.

Please fill in the permission slip below and return to the office Jan 10, 2012. No student will be permitted to attend the retreat without a signed permission slip.

We appreciate your cooperation in making this retreat a rewarding and positive experience for all Confirmandi.

Sincerely,
Mrs. R. Doherty, CRE
Immaculate Conception PREP

PLEASE FILL IN THE FOLLOWING INFORMATION AND RETURN BY January 10, 2012.

I request that my child [Student's Name]: _____ attend the Confirmation Retreat at Immaculate Conception on Monday, March 26, 2012. Check-in 8:30-9:00am.

Telephone or Cell # at which you may be reached during the retreat hours: _____

Emergency Contact [in the event we cannot reach you]:

Name: _____ Tel./Cell #: _____

I authorize emergency medical attention for my child in the event it should be required. My child is currently using the following **medication[s]** _____, has **allergies** to _____ or suffers from the following **condition** _____.

I have read the letter above and agree to all the conditions outlined therein.

_____ **I am available to serve as a chaperone at the retreat, please call me at** _____.

Signature of Parent/Guardian: _____ **Date:** _____