

# Spirit Given Gifts

## Confirmation Retreat 2026

February 28 - March 1, 2026



- The retreat begins when the bus leaves St. John XXIII - St. Peter's at 10:00 and ends after the 5:00 Mass on Sunday.
- Parents are invited and encouraged to join us for Mass.
- Additional information on reverse side.

## St. John XXIII Confirmation Retreat 2026

### Important Information:

The Confirmation Retreat is a vital part of your preparation for receiving the Sacrament of Confirmation. It provides an opportunity to step away from everyday distractions and spend intentional time in prayer, reflection, learning, and fellowship with God and one another.

### Attendance Requirement:

If you are unable to attend this retreat, please contact Lesa *as soon as possible* to arrange participation in a retreat hosted by another parish. Our retreat typically takes place later in the season, and **attendance is required for Confirmation**. Failure to notify us at least two weeks prior to the retreat will result in a **\$75 retreat fee**.

### Retreat Schedule:

**When:** Saturday, February 28 – Sunday, March 1, 2026

- Depart from St. Peter's parking lot at **10:00 AM on Saturday**
- Return for **5:00 PM Mass at St. Peter's on Sunday**

*\*Please note: **The retreat concludes with the 5:00 PM Mass**. Parents are warmly invited to join us for Mass on Sunday.*

**Where:** Daniel M. Soref Retreat Center at JCC Rainbow Day Camp  
Trails End Road, Fredonia, WI

### What to Bring:

- Comfortable clothing appropriate for the weather (we'll spend time outdoors)
- Bedding (sleeping bag or sheets & blanket, pillow)
- Towel and toiletries
- A snack or beverage to share (assigned by last name closer to retreat date)

**Meals Provided:** Saturday: Lunch and Dinner

- Sunday: Breakfast and Lunch
- Snacks both days

*\*Please inform us of **any food allergies** in advance.*

### What Not to Bring:

- Valuables or money
- Homework or non-religious books
- Drugs, alcohol, cigarettes, or vape devices (*possession is illegal and will be reported to police*)

### Permission Form:

Please complete and return the enclosed permission slip by **February 1, 2026**.

Alternatively, download the form online at: <https://stjohn23rd.org/sacraments/confirmation/>



Form  
6153(b)

### PARENT/GUARDIAN PERMISSION SLIP FOR EXTENDED DAY/OVERNIGHT FIELD TRIP

NAME OF STUDENT:	
NAME OF PARENT/GUARDIAN:	PHONE:
NAME OF PARENT/GUARDIAN:	PHONE:

#### TRIP INFORMATION:

PARISH/SCHOOL:	DATE(S) OF TRIP:
St. John XXIII Parish	February 28 - March 1, 2026
DESIGNATED TEACHER/SUPERVISOR:	PHONE:
Lesia Staehler	262-284-2102
DESTINATION:	
Daniel Soref Retreat Center/JCC Rainbow Day Camp, Trails End Road, Fredonia	
ACTIVITIES: (A separate detailed itinerary and parent consent must be provided for high-risk activities.)	
Retreat, small group discussion, large group discussion, make buddy gifts, indoor games, walks, sacraments, and prayer	
MODE OF TRANSPORTATION TO AND FROM EVENT:	
Bus	
DEPARTURE DATE/TIME:	RETURN DATE/TIME:
10:00 AM Sat Feb 28	4:45 PM March 1, 2026 (Ends at 6:00 PM following Mass)
STUDENT COST (IF APPLICABLE):	RETURN FORM BY:
	February 1, 2026
ITEMS STUDENTS SHOULD BRING (IF ANY):	
see retreat important information for details	

#### PARENT CONSENT TO PARTICIPATE AND INDEMNITY AGREEMENT:

In consideration for my child/ward's participation, I agree to reimburse and indemnify the parish/school for all reasonable legal and court fees incurred by parish/school in defending a lawsuit that I or my child/ward may bring against the parish/school which relates to the above named activity if the parish/school is found not legally liable by the courts and prevails in the lawsuit. If the parish/school is found legally liable for injuries sustained by child/ward, this paragraph will not apply.

I certify that I have an understanding of this agreement and any risks and hazards associated with the activity described above that my child/ward will be participating in. I further understand that I had the opportunity to fully discuss this agreement with a representative of the parish/school to clarify any concerns or questions about the activity or this agreement that I may have had.

I have read the information above and give consent for my child to participate in all aspects of this field trip:

PARENT/GUARDIAN SIGNATURE:	DATE:

By entering my full name, I attest that this constitutes my legal electronic signature on this form.

☐ Yes, I am available to chaperone. I can be reached at:

☐ Check the box if you opt out of any image, photograph, or video of your child to be posted or published to social media by any chaperone or school personnel for this field trip.

**PAGE TWO: EXTENDED DAY/OVERNIGHT FIELD TRIP MEDICAL RELEASE:**

**Emergency Medical Treatment:** In the event of an emergency, I give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

If you are unable to reach a parent/guardian at the above numbers, contact:

<b>ALTERNATE CONTACT NAME:</b>		<b>PHONE:</b>
<b>PHYSICIAN'S NAME:</b>		<b>PHONE:</b>
<b>NAME OF MEDICAL INSURANCE:</b>	<b>POLICY #:</b>	
<b>PERTINENT MEDICAL CONDITIONS, INCLUDING ALLERGIES AND SPECIAL DIETARY NEEDS:</b>		

**Other Medical Treatment:** In the event that the child becomes ill with symptoms such as headache, vomiting, sore throat, fever, or diarrhea, do you grant permission for supervisors to give your child non-prescription medication, such as acetaminophen, throat lozenges, cough syrup, or antacid?

☐ Yes ☐ No, I wish to be contacted first.

**Medications:** List all medications, prescription and over-the-counter, that the student currently takes at home and during the school day. Include all as-needed and emergency medications. Medications not authorized for self-carry must be in original container and given to the designated supervisor.

MEDICATION:	DOSAGE:	ROUTE: HOW GIVEN:	FREQUENCY:	START DATE:	STOP DATE:	SIDE EFFECTS:
1.						
2.						
3.						

**MEDICAL PROVIDER CONSENT: REQUIRED FOR PRESCRIPTION MEDICATIONS LISTED ABOVE**

I Authorize the School/Parish to Give the Above Prescription Medication(S) to this Student.

<b>PRINT MEDICAL PROVIDER NAME:</b>		<b>PHONE:</b>
<b>MEDICAL PROVIDER SIGNATURE:</b>		<b>DATE:</b>
<b>Inhaler and Epi-Pen Only:</b> This student and his/her parents have been instructed in self-administration and the student may carry an inhaler or Epi-Pen and self-administer. Yes <input type="checkbox"/> No <input type="checkbox"/>		

**PARENT CONSENT FOR MEDICAL TREATMENT AND ADMINISTRATION OF MEDICATION:**

I hereby warrant that to the best of my knowledge, my child is in good health and I assume all responsibility for the health of my child. I give the school/parish permission for emergency and other medical treatment, including the administration of the above prescription and non-prescription medication(s).	
<b>PARENT/GUARDIAN SIGNATURE:</b>	<b>DATE:</b>
<b>Inhaler/Epi-Pen Only:</b> My child may <input type="checkbox"/> or may <b>not</b> <input type="checkbox"/> carry and self-administer.	

By entering my full name, I attest that this constitutes my legal electronic signature on this form.