

Cornelia Connelly School Class Retreat Information

Retreat Dates: January 15 – 16, 2015

Senior Class Retreat: Holy Spirit Retreat Center

4316 Lanai Rd, Encino, CA 91436

Transportation: Bus

Students Arrive at Connelly: 7 a.m. on Thursday, January 15.

Students Return to Connelly: between 8 – 9 p.m. on Friday, January 16.

Junior Class Retreat: Pilgrim Pines

39570 Glen Rd, Yucaipa, CA 92399

Transportation: Bus

Students Arrive at Connelly: 7 a.m. on Thursday, January 15.

Students Return to Connelly: between 2:30–3:30 p.m. on Friday, Jan. 16.

Sophomore Class Retreat: Mary and Joseph Center

5300 Crest Rd, Rancho Palos Verdes, CA 90275

Transportation: Bus

Students Arrive at Connelly: 7 a.m. on Thursday, January 15.

Students Return to Connelly: between 2:30–3:30 p.m. on Friday, January 16.

Packing list included for each grade level on pages 2–4 of this document.

Packing List – Senior Class Retreat

January 15-16, 2015

Bring 1 Snack Item To Share (Oreos, Fritos, Red Vines, Etc)

Clothing

Comfortable Outdoor and Indoor Clothes for Warm and Cold Weather

Closed Toed Shoes (boots or hiking shoes)

Jacket and Hat

Jeans (bring an extra pair) **(NO SHORTS)**

Long sleeved shirts

Sweatshirt/Fleece Jacket/Waterproof jacket with hood/

Cap/Warm Hat, scarf and Gloves

Pajamas

Socks (wool socks or heavy socks)



Hygiene

Toiletry Kit (shampoo, toothbrush, etc)

Towel (if you want your own)

Sunscreen

Water Bottle

Chapstick

Other

Camera

Flash light

Umbrella

The retreat center will provide bedding, pillows, soap, and towels.

Cell Phones Must Be Kept in Your Pack or Room, Not On Your Person!

DO NOT bring any expensive items like jewelry, iPods, video games, etc.

Medicine needs to be given to an adult chaperone.

Packing List – Junior Class Retreat

January 15-16, 2015

Clothing/Bedding

- Comfortable Outdoor and Indoor Clothes for Cold Weather for two days
- Jeans (bring an extra pair) (**NO SHORTS**)
- Long sleeved shirts
- Underwear
- Sweatshirt/Fleece Jacket/Waterproof jacket with hood
- Cap/Warm Hat/Scarf and Gloves
- 2-3 changes of clothes
- Sleeping bag and pillow
- Pajamas

Shoes

- Closed Toed Shoes – boots or hiking shoes
- Socks (wool socks or heavy socks) (bring extra pairs)

Hygiene

Toiletry Kit (soap, shampoo, toothbrush, etc.)

Towel

Sunscreen

Water Bottle

Chapstick

Other

Flash light

Pillow, Sleeping Bag, sheet, and blanket

Umbrella

DO NOT bring any expensive items like jewelry, iPods, iPads, video games, cameras etc.

Medications must be given to Mrs. Taylor at the main office upon arrival at school for the retreat. One of the adult chaperones will be put in charge of all medication once the retreat begins.

Packing List – Sophomore Class Retreat

January 15-16, 2015

Clothing

- Comfortable Outdoor and Indoor Clothes for Cold Weather for two days
- Jeans (bring an extra pair) (**NO SHORTS**)
- Long sleeved shirts
- Underwear
- Sweatshirt/Fleece Jacket/Waterproof jacket with hood
- Cap/Warm Hat/Scarf and Gloves
- 2-3 changes of clothes
- Pajamas

Shoes

- Closed Toed Shoes – boots or hiking shoes
- Socks (wool socks or heavy socks) (bring extra pairs)

Hygiene

Toiletry Kit (soap, shampoo, toothbrush, etc.)

Towel

Sunscreen

Water Bottle

Chapstick

Other

Flash light

Umbrella

Bedding:

The retreat center will provide bedding, pillows, blankets and towels.

DO NOT bring any expensive items like jewelry, iPods, iPads, video games, cameras etc.

Medications must be given to Mrs. Taylor at the main office upon arrival at school for the retreat. One of the adult chaperones will be put in charge of all medication once the retreat begins.

Health History Form

Name of User/Rental Group

For Use by Members of User/Rental Groups

All members of groups using/renting the facilities at Pilgrim Pines Camp **MUST** complete this form, per California health regulations. All minors (under age 18) **MUST** have this form completed and signed by the custodial parent or guardian.

Check Box. I, (please print), _____, am 18 years of age or older and I am declining to provide this information.

Signature

Date

CAMPER INFORMATION

IF providing information (not declining) please fill in information below.

First & Last Name		Age	Blood Type
Address		City, ST, Zip	
Home Phone	Cell Phone	E-Mail Address	

1. Are you a smoker? () No () Yes

2. Are you currently taking any medications? () No () Yes - If yes, please list medications.

3. Do you have any health conditions (allergies, drug allergies, food allergies, chronic conditions) or special circumstances (religious convictions or legal arrangements) which may affect program participation or that we ought to know prior to emergency treatment? () No () Yes - if yes please explain below.

4. When was your last tetanus immunization? ____/____/_____.

5. **Consent and Emergency Treatment Authorization:** In the event that I cannot be reached in an emergency or I, myself, am injured or in need of emergency medical care, I do hereby give my consent for the above named camper to receive such emergency treatment as deemed necessary by an attending physician.

Signature and Date _____

6. **EMERGENCY NOTIFICATION** - Please list two people to be notified in case of an accident or medical emergency.

First & Last Name			
Address		City, ST, Zip	
Home Phone	Cell Phone	Work Phone	Relationship
First & Last Name			
Address		City, ST, Zip	
Home Phone	Cell Phone	Work Phone	Relationship

7. Health Insurance Carrier & Policy # _____

Signature of Participant, Parent or Guardian

Date