
Prep Retreat Permission Slip

Student Name: _____

I give permission for my child to attend the Prep Retreat on:

Date: April 22, 2026

Time: 9:00 AM – 4:00 PM

Location: St. Joseph's Villa

81 Lynn Ave

Hampton Bays, NY 11946

I understand that:

- There is an additional \$10 fee per student.
- I am responsible for dropping off and picking up my child at St. Joseph's Villa.
- No transportation will be provided to or from the school.

Parent/Guardian Name: _____

Emergency Contact Number: _____

Signature of Parent/Guardian: _____

Date: _____

We look forward to a wonderful retreat day together!