

Our Lady of the Lake Roman Catholic Church

Mandeville, Louisiana

Confirmation Schedule 2009

All dates listed below are **mandatory to receive the Sacrament of Confirmation.**

Meeting/Class	Time	Date	Location
Student/Parent Orientation	7:00PM	Tuesday, August 18 th	Chotin Center
Class #1—Strength for the Journey	7-8:15PM	Tuesday, August 25 th	Classroom
Class #2 – Earth, Wind & Fire	7-8:15PM	Tuesday, September 1 st	Classroom
No class this week due to Labor Day		Tuesday, September 8 th	

Class #3 – Using the Gift of Counsel 7-8:15PM Tuesday, September 15th Classroom

Confirmation Retreat 9AM-6PM Saturday, September 19^h OLL Campus
 All students are to meet in their classroom promptly at 9:00 am. **Students should eat breakfast before they arrive.** Lunch will be provided during the retreat. Students may dress comfortably, but modestly and should wear the Confirmation t-shirt they will be given. Students do not need to bring anything additional to the retreat facility as everything will be provided. The enclosed medical information and consent form must be signed and returned at orientation on August 18th. If your child has medical needs, they should be noted on the form.

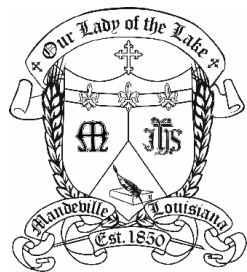
Class #4 – Knowledge & Understanding 7-8:15PM Tuesday, September 22nd Classroom

Class #5 – Bells & Smells 7-8:15PM Tuesday, September 29th Classroom

Class #6 – Fan the Flame 7-8:15PM Tuesday, October 6th Classroom

Confirmation Practice 7-8:30PM Monday, October 19th
 Students and Sponsors (or a proxy) must attend this practice. We will meet in the **cafeteria** at 7:00 PM, line up in alphabetical order and practice processing into the Chotin Center. We will also practice processing up to greet the Bishop and receive the sacrament of Confirmation. Please pick up your teen in the cafeteria at 8:30 PM.

Confirmation Mass 7:00 PM Tuesday, November 3rd
 Students and sponsors should be in the **cafeteria** by 6:00 PM. Sponsors will be given a 3x5 card with the student's information on it. They must keep this card and present it to the Bishop during the celebration of the sacrament. All students and sponsors are encouraged to dress tastefully and modestly. Girls should wear a nice dress with sleeves or a suit. For the boys, a tie is appropriate, but a coat is not required. Mass will begin at 7:00 PM. There will be no pictures during the Confirmation Mass. There will be a reception immediately following the Mass in the cafeteria. You may take pictures with family members and the Bishop at that time.



Our Lady of the Lake Church

CONFIRMATION SAINTS PROJECT 2009

Due Date: Tuesday September 1, 2009

As a child, your parents chose your name for you. In the Rite of Confirmation, you will be selecting a Confirmation name as you become an adult in the Catholic Church. As you begin to pray about this choice, please remember that you have two options. Confirmation is the completion of the initiation begun in your Baptism, so you may choose to reaffirm your baptismal name. You may also choose to take the name of a saint that you closely identify with in the way they lived their lives.

As you continue in the Confirmation preparation process, it is now time to look into the lives of outstanding Christian men and women who have been declared saints by the Catholic Church, and choose one as your role model and patron. Whether this saint is your baptismal name or a new name, you must submit a paper on your choice that contains the following:

- Your saint's date of birth
- 3 qualities that you admire in the saint
- Your saint's date of death and the manner in which they died
- Any special devotions to your saint
- Why you chose to take this saint's name as your own
- List your source(s) of information.

If any requirements are missing, the paper will be returned to you for correction. All papers should be typed using **Times New Roman** font with size 14 font. Your name, your saint's name and the date should be typed in the top left corner of the paper. Do not use "Wikipedia" as a source and there will be no "copying and pasting" from the internet – the paper should be in **your own words**. Please contact me with any questions.

Karen Maricle

Coordinator of Confirmation

Our Lady of the Lake Catholic Church

985.626.5671 x110

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karenoll@bellsouth.net

Our Lady Of The Lake Parish

CONFIRMATION SERVICE PROJECT 2009

Due Date: **Tuesday September 22, 2009**

As Catholics, we have the responsibility to help those who are less fortunate than we are. One of the ways that we truly live the Gospel of Jesus Christ is to do as He did: SERVE. As a candidate for the Sacrament of Confirmation, we are preparing you to begin your life in service to the Church and to the community. St. Francis of Assisi once said, "Preach the gospel always, and if necessary use words."

You should truly reflect on the service suggestions in your packet. Other candidates who have gone before you on this same journey have made these suggestions through their experiences. Each candidate is asked to complete a minimum of 20 service hours. ***Please focus on having a quality experience of service*** instead of counting the hours.

After you have completed your service experience, you must type a reflection paper about this experience. Please see the requirements below.

The Paper MUST include:

- A detailed description of the service experience;
- Why you chose to serve your community in this manner;
- How you feel you benefited from this experience;
- How those you served benefited from your time;
- How you truly lived your call to service in the Gospels through this time.

If any requirements are missing, the paper will be returned to you for correction. All papers should be typed using ***Times New Roman*** font with size 14 font. Your name, project title and the date should be typed in the top left corner of the paper. These assignments should be turned in to your teachers.

Please contact me if you have any questions.

Karen Maricle

Coordinator of Confirmation
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OUR LADY OF THE LAKE CATHOLIC CHURCH SERVICE HOUR FORM

Name of Student: _____

Name of organization: _____

Description of services: _____

Total Number of Hours Served: _____

Comments: _____

Signature of authorized representative: _____

Printed Name: _____ Phone #: _____

OUR LADY OF THE LAKE CATHOLIC CHURCH SERVICE HOUR FORM

Name of Student: _____

Name of organization: _____

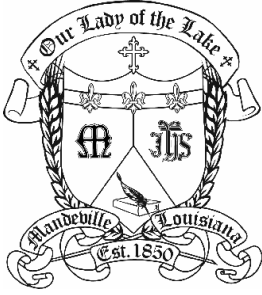
Description of services: _____

Total Number of Hours Served: _____

Comments: _____

Signature of authorized representative: _____

Printed Name: _____ Phone #: _____



Our Lady of the Lake Roman Catholic Church

Mandeville, Louisiana

CONFIRMATION SPONSOR FORM

Please turn this form in by September 1, 2009

Student's Name _____ Sponsor's Name _____

The Sponsor's role is to assist the person in Christian Initiation. Also, together with the parent, the Sponsor presents the student for the Sacrament and helps to guide the student to live a life of holiness as a baptized Catholic. Being a sponsor is not just an honor given to a good friend or relative. Sponsorship implies a real appreciation of our Catholic Faith, a lifestyle that proclaims the truth, and sense of responsibility toward the young person being Confirmed.

Please read the requirements for sponsorship before signing!

Canon 874 and 892 of the Code of Canon Law lists these requirements for the valid and lawful sponsorship in Confirmation:

A SPONSOR:

1. Must be mature enough to undertake this responsibility.
2. Must have received the three Sacraments of Initiation: Baptism, Eucharist and Confirmation.
3. Must be at least 16 years of age.
4. Must know the fundamental truths of the Faith and be a practicing Catholic who attends Mass on Sunday and receives the Sacraments regularly.
5. Must not be the father or mother of the one to be confirmed.

This section must be filled out by the Sponsor!

I declare that I am a registered member of the parish listed below and that I fulfill the requirements to be a sponsor.

Sponsor's Name _____ Sponsor's signature _____
(Please print or type)

Name of Sponsor's Church Parish _____ Phone Number _____

This section must be filled out by the Sponsor's Catholic Church Parish!

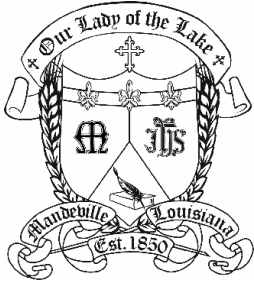
I certify that _____ is a member of _____ Parish.
(Sponsor's Name) (Catholic Church)

Date _____ Rev./Staff _____
(Signature)

Parish Seal

If your sponsor cannot attend the Liturgy for any reason, the name of a Proxy, or substitute should be written here: _____

312 Lafitte Street Mandeville, La. 70448
Phone: 985-626-5671 x110 ~ Fax: 985-626-5422
E-mail: karenoll@bellsouth.net



Our Lady of the Lake Church

CONFIRMATION LEDGER FORM – Due September 1

Child's Full Name _____
First Middle Last

Confirmation Saint's Name: _____

Age of Child at Time of Confirmation: _____

Date of Birth: _____
Month Day Year

Church of Baptism _____
Church Name

Street Address

City State Zip

Date of Baptism _____
Month Day Year

Child's Current Residence _____
(At time of Confirmation) City State

Father's Name _____
(As it appears on Baptismal) First Middle Last

Mother's Maiden Name _____
(As it appears on Baptismal) First Middle Last

Sponsor's Name: _____
First Middle Last

ARCHDIOCESE OF NEW ORLEANS MEDICAL INFORMATION AND CONSENT FORM

GENERAL INSTRUCTIONS TO PARENTS/GUARDIANS:

Please take care in filling out this form. It provides crucial information for caregivers in the event of illness or medical emergency. Accuracy and thoroughness are encouraged. Sections I, II and V are mandatory.

Participant's name: _____

Birth date: _____ Sex: _____ Parent/Guardian's name: _____

Home address: _____

Home phone: _____ Cellular phone: _____

Business phone: _____ Other: _____

SECTION I. MEDICAL MATTERS

As the parent/legal guardian of the above named child, who is currently associated with Our Lady of the Lake Parish, I hereby authorize Fr. John Talamo, Karen Maricle or their assistants to carry out the wishes I have named (herein) in areas of emergency medical treatment and other cases of illness. This authorization inclusively extends from July 1, 2009 through June 30, 2010. 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.

Signature: _____ Today's Date: _____

SECTION II. EMERGENCY MEDICAL TREATMENT

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the numbers listed herein, contact: _____

Name & relationship: _____

Phone: Family doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy #: _____

Signature: _____ Date: _____

SECTION III: OTHER MEDICAL TREATMENT

In the event it comes to the attention of the parish, its officers, directors and agents, and the Archdiocese of New Orleans, chaperones, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (charges reversed to myself).

Signature: _____ Date: _____

SECTION IV: MEDICATIONS (SIGN ONLY THOSE OPTIONS THAT ARE APPLICABLE)

My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows: _____

Signature: _____ Date: _____

I hereby grant permission for non-prescription medication (aspirin, throat lozenges, cough syrup) to be given to my child, if deemed appropriate. Signature: _____ Date: _____

NO medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

Signature: _____ Date: _____

SECTION V: MEDICAL INFORMATION

The parish will take reasonable care to see that the following information will be held in confidence.

-Allergic reactions (medications, foods, plants, insects, etc.): _____

-Immunizations: _____

-Date of last tetanus/diphtheria immunization: _____

-Does child have a medically prescribed diet? _____

-Any physical limitations? _____

-Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, fainting? _____

-Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc? _____

If so, date and disease or condition: _____

-You should be aware of these special medical conditions of my child: _____

**ARCHDIOCESE OF NEW ORLEANS
PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER**

Participant's name: _____

Birth date: _____ Sex: _____

Parent/Guardian's name: _____

Home address: _____

Home phone : _____ Business phone: _____

I, _____, grant permission for my child,

_____ ,
to participate in this parish activity. This activity will take place under the guidance and direction of employees and/or volunteers from Our Lady of the Lake Parish. A brief description of the activity follows:

Type of event: Confirmation Retreat **Individual in charge:** Karen Maricle

Location(s): Our Lady of the Lake Church, Mandeville, LA

Date of Activity: Saturday, September 19, 2009 **Duration of activity:** 9:00 am - 5:00 pm

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant"). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend Our Lady of the Lake Parish, its officers, directors and agents, and the Archdiocese of New Orleans, coaches, chaperons, or representatives associated with the event, arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Archdiocese of New Orleans, coaches, chaperons, or representatives associated with the activity for reasonable attorney's fees and expenses arising in connection therewith.

Signature: _____ Date: _____

**ARCHDIOCESE OF NEW ORLEANS
PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER FOR PUBLISHED MEDIA**

Participant's Name: _____

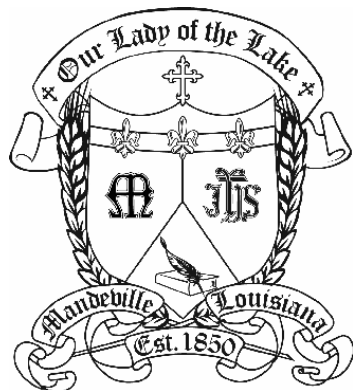
I, _____, the undersigned parent of the above named participant, hereby grant permission to Our Lady of the Lake Parish and/or the Archdiocese of New Orleans to publish and/or print my child's name and/or likeness on the Our Lady of the Lake Parish web site on the internet and/or world wide web.

I hereby further release, indemnify and hold harmless Our Lady of the Lake Parish, the Roman Catholic Church of the Archdiocese of New Orleans, their directors, officers, agents, pastor(s), employees and insurers from any and all claims and/or damages on behalf of myself and/or my child arising from the publication of my child's names, photograph, or likeness on videotape and/or film on Our Lady of the Lake's web site on the internet or the world wide web.

This agreement shall remain in force and effect at all times during my child's involvement with Our Lady of the Lake Parish.

Parent Signature

Date



Our Lady of the Lake Roman Catholic Church
Mandeville, Louisiana

Dear Parents:

On Saturday, September 19, 2009, as part of the Confirmation Retreat, we will be showing a portion of The Passion of the Christ.

The Passion of the Christ is rated **R** for its graphic images of torture and suffering. It is being used as part of an activity to help the students learn and understand more about one of the Gifts of the Spirit they'll be receiving at Confirmation: Fortitude (Courage.)

Students that do not wish to participate in this activity will participate in another activity.

My child, _____,

_____ has permission to watch The Passion of the Christ.

_____ does not have permission to watch The Passion of the Christ.

Parent/Guardian signature _____

Thank you,

Karen Maricle
Coordinator of Children's Sacraments
Our Lady of the Lake Roman Catholic Church
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