

## ST. MATTHEW THE APOSTLE 2020-2021

### Requirements for Confirmation

Registration form turned into the Parish office.

Confirmation fee of \$50.00

Baptismal certificate needed.

(Even if St. Matthew the Apostle is the parish you were baptized in , please submit a copy with your registration.)

**Meeting Day- Sunday**

**Meeting Time - 4:30 to 5:45 followed by 6pm Mass**

**Meeting place- MBC Building**

- Attendance at all Confirmation classes.
- Show knowledge of faith and willingness to participate in gathering.
- Free decision to be confirmed.
- Weekly attendance at Mass.
- Selection of a sponsor. Must be 16 yrs. of age and a practicing Catholic. Signed document must be turned in at January.
- Letter of intent to Pastor, Fr. Lee Poche .Due at February meeting.

If you have any questions regarding your requirements, please contact

Mrs. Joanne 737-4604 at SMA, (cell 201-4315) email

[caldcleughj@smaschool.net](mailto:caldcleughj@smaschool.net)

Or Mrs. Dawn Fitzsimmons at the rectory [stmatthewchurch@arch-no.org](mailto:stmatthewchurch@arch-no.org) or 737-4537

CLASSES 4:30- 5:45 IN THE MBC FOLLOWED BY 6pm MASS

1. **September 20** 6pm Mass followed by parent and student meeting in the Church.
2. **October 18** - Meeting in the MBC
3. **November 8**- Meeting in the MBC
4. **December 6**- Meeting in the MBC
5. **January 10** - Meeting in the MBC
6. **February 21** - Meeting in the MBC
7. **March 14** - Meeting in the MBC
8. **April 5**- Monday 6pm Practice in the Church for Confirmation

The Confirmation ceremony itself will be on Tuesday April 6, 2021.

At this time we are planning a retreat. The date is still pending.  
Interviews will also be given to each student. These dates are also pending.  
We will keep you informed as we set these dates.

Confirmation Prep Team:

Fr. Lee                      Pastor  
Joanne Caldcleugh    DRE  
Justin Genovese      Program Director  
Dawn Fitzsimmons    Parish Coordinator

Thank you for your cooperation .We hope this will be a great experience for all involved in this sacramental preparation.

Sincerely,  
Joanne Caldcleugh

**ARCHDIOCESE OF NEW ORLEANS PARENTAL/GUARDIAN COVID-19  
CONSENT FORM AND LIABILITY WAIVER**

Participant's name: \_\_\_\_\_

St. Matthew the Apostle Parish

Birth date: \_\_\_\_\_ Sex: \_\_\_\_\_

Parent/Guardian's name: \_\_\_\_\_

Home address: \_\_\_\_\_

Home phone : \_\_\_\_\_ Business phone: \_\_\_\_\_

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and as a result, social distancing is recommended. St. Matthew the Apostle Parish will follow state and local standards of conduct and has put in place reasonable preventative measures to reduce the spread of COVID-19 at its Parish/School activity (including but not limited to summer camp). However, even though such standards will be followed and reasonable measures put into place, Parish/School cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending the Parish/School activity could increase your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and that my child(ren) and I may be exposed to or infected by COVID-19 by participating in the parish/school activity and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at St. Matthew the Apostle Parish may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Parish/School employees, volunteers, and program participants and their families. I further agree on behalf of myself, my child named herein, and my spouse, our heirs, successors, and assigns, to release, indemnify, hold harmless, and defend St. Matthew the Apostle Parish and The Roman Catholic Church of the Archdiocese of New Orleans, their members, directors, officers, employees, agents and representatives ("indemnitees") associated with the event arising from or in connection with the negligent acts or omissions of the indemnitees' in relation to prevention of the spread of the COVID-19 virus. I SPECIFICALLY ACKNOWLEDGE AND AGREE THAT I AM AGREEING TO DEFEND, INDEMNIFY AND HOLD HARMLESS THE INDEMNITEES' FROM THEIR OWN NEGLIGENCE IN REGARD TO THE INDEMNITEES' NEGLIGENT ACTION AND/OR INACTION IN REGARD TO PROTECTION AGAINST THE COVID-19 VIRUS.

\*Signature: \_\_\_\_\_ Date: \_\_\_\_\_

My child also has permission to participate in virtual learning should the need arise:

\*Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# ARCHDIOCESE OF NEW ORLEANS

## Godparent/Sponsor Testimonial for Baptism/Confirmation

Date: \_\_\_\_\_

Name of Person to be Baptized/Confirmed: \_\_\_\_\_

Proposed Date of Baptism/Confirmation: \_\_\_\_\_

### Criteria to Serve as Godparent/Sponsor for Baptism/Confirmation

1. The Godparent/Sponsor must be a Catholic in good standing with the Church who has been Confirmed and regularly practices his/her Catholic faith;
2. The Godparent/Sponsor must be at least sixteen years of age;
3. If married, the Godparent/Sponsor must be in a marriage recognized as valid by the Catholic Church. Person may not be cohabiting (living together without marriage);

### Statement of Godparent/Sponsor

"I meet the above-stated criteria to serve as a Godparent/Sponsor, and I will do all in my power to assist the parents of this child to raise their child in the Catholic faith, or – if an adult – to assist him/her in living faithfully as a Catholic Christian."

*By signing below, the proposed Godparent/Sponsor solemnly swears that he or she has read the above criteria, and that the statement above is a true and correct indication of his/her intentions.*

Godparent/Sponsor's Signature: \_\_\_\_\_

Godparent/Sponsor's Name Printed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## St. Matthew the Apostle High-School Confirmation Registration

Age \_\_\_\_\_

Parent Meeting is September 20, 2020, at 7:00 PM.  
Confirmation is April 6, 2021, at 7:00 PM.

Grade (during 2020-21 school year) \_\_\_\_\_

Please Print Clearly

CANDIDATE'S NAME \_\_\_\_\_ Male Female  
last first middle circle one

HOME ADDRESS \_\_\_\_\_  
street city zip

Candidate's HOME CELL  
E-MAIL \_\_\_\_\_ PHONE \_\_\_\_\_ PHONE \_\_\_\_\_

CHURCH PARISH \_\_\_\_\_

FATHER \_\_\_\_\_ RELIGION \_\_\_\_\_ CELL  
last first middle PHONE \_\_\_\_\_

MOTHER \_\_\_\_\_ RELIGION \_\_\_\_\_ CELL  
last first (maiden) PHONE \_\_\_\_\_

Parent's  
E-MAIL \_\_\_\_\_

HIGH SCHOOL ATTENDING \_\_\_\_\_

DATE OF BIRTH \_\_\_/\_\_\_/\_\_\_ CHURCH OF BAPTISM \_\_\_\_\_  
(A copy of your baptismal certificate must be provided)

Church you celebrated First Reconciliation (Confession): \_\_\_\_\_

Church you celebrated First Eucharist (Communion): \_\_\_\_\_

Where do you attend Sunday Mass \_\_\_\_\_ Pastor's Name \_\_\_\_\_

### PLEASE LIST THE SCHOOL OR CCD PROGRAM WHERE YOU ATTENDED RELIGIOUS EDUCATION CLASSES:

Elementary/Jr. High classes (1-7): \_\_\_\_\_

Sr. High classes (8-present): \_\_\_\_\_

\$50 Registration Fee, check payable to St. Matthew the Apostle Church.

Please return form, registration fee, and Baptismal certificate copy to St. Matthew the Apostle Rectory,  
Attn: Dawn., 10021 Jefferson Hwy, River Ridge, LA, 70123. Thank you. [stmatthewchurch@arch-no.org](mailto:stmatthewchurch@arch-no.org)