



Child/Teen Inquirer Information Form



Information on this form is held in confidence and is not shared without your permission.

Today's Date: _____

NAME: _____
 First Middle Last

Date of Birth: _____ Age: _____

Place of Birth: _____
 [include **locality** (town, city, county, etc.) **region** (state, province, etc.) and **country**]

Grade Level: _____ School: _____

PARENT/GUARDIAN INFORMATION

List below the name(s) of parent(s)/guardian(s) and present religious affiliation, if any:

Name: _____ Relationship: _____

Religious Affiliation: _____

Name: _____ Relationship: _____

Religious Affiliation: _____

Full Mailing Address: _____

Phone: (Daytime) _____ (Evening/Weekend): _____

Cell Phone: _____ Email: _____

Child/teen lives with: Parents Mother Only Father Only Other (please explain): _____

If child/teen lives with one parent/guardian, please indicate who has legal custody and/if the child/teen also lives with a step-parent: _____

If there is a joint custody arrangement, please provide alternate full address: _____

RELIGIOUS HISTORY

1. Has your child/teen ever been baptized? _____ Yes _____ No _____ I am not sure

If you answered "Yes" to Question 1, please provide the following information:

(a) In what denomination was child/teen baptized? _____

(b) Date or approximate age when child/teen was baptized: _____

(c) Baptismal name (if different from current name): _____

(d) Place of Baptism (name of church/denomination): _____

(e) Address, if known: _____

(f) Location, if known: _____

[include **locality** (town, city, county, etc.) **region** (state, province, etc.) and **country**]

2. **If your child/teen was baptized as a Catholic, check those sacraments you have already received:**
_____ Reconciliation (Confession) _____ Eucharist (First Communion) _____ Confirmation

3. **For a teen: Has he/she ever been married or is he/she currently married:**

Never been married

Is currently married

Has been married

FAMILY INFORMATION

List the name(s) of any siblings or other dependents (e.g. sister-Jane).

Relationship: _____ Name: _____ Age: _____

Relationship: _____ Name: _____ Age: _____

Relationship: _____ Name: _____ Age: _____

Relationship: _____ Name: _____ Age: _____

Relationship: _____ Name: _____ Age: _____

Relationship: _____ Name: _____ Age: _____

LEARNING STYLE

Not all people learn in the same way. You can help your child/teen get as much out of this process as possible by sharing about your child's learning abilities.

In what ways do you think your child/teen enjoys learning?

Listening (lecture; storytelling) _____

Seeing: (Looking at pictures, video; identifying symbols) _____

Reading (what grade level does your child/teen read? Does child/teen enjoy reading?) _____

Writing (what grade level is your child/teen writing skills? Does child/teen like to write/keep a journal) _____

Hands On (does your child/teen enjoy doing projects or making crafts) _____

Group Work (Does your child/teen enjoy working with others?) _____

It will help to know your child's/teen's strongest attributes and challenges. Please add below any helpful details that you think would be relevant.

For example: "Mary is very outgoing and gets excited when she is having fun. She becomes quiet when she doesn't understand something. She works well with other children. Mary also has a 30% hearing loss in her left ear. She may not hear you if you are standing behind and speaking normally."

GENERAL QUESTIONS

1. Please describe the types of religious education in which your child/teen has participated.

2. What contact has your child/teen had with the Catholic Church to date?

3. What are some of the questions or concerns your child/teen has about the Catholic Church?

4. Please summarize below the reason(s) your child/teen desires to begin the Christian initiation process.
