

Date: _____

“About My Child”

Name: _____
FIRST MIDDLE LAST

Class: _____

Parents: _____
Please Print First and Last Names

Email: _____

Phone: _____
Preferred Home or Cell



Emergency Contact (not parent): _____ Phone: _____

Child's Likes/Hobbies: _____

Child's favorite color/pet: _____

Use 3 words to describe your child:

Any Allergies or Medical Condition? _____

Does your child have an IEP/504? _____ If Yes, please explain _____

What is your Faith Goal for your family this year? _____

What Mass do you usually attend? Saturday or Sunday Time: _____

Would you be interested in attending a book study/bible study during your child's session once/month?

YES Great! What topic(s)? : The Sacraments Marriage and Family

NO

How can we better help your child and your family? _____

