



Child/Teen Inquirer Information Form

This information is held in confidence and is not shared without your permission

Today's Date: _____

Child/Teen's Name _____
(First) (Middle) (Last)

Date of Birth _____ Age _____

Place of birth _____
Include **locality** (city, town,) **Region** (State, Province, territory) **Country**

Grade level _____ School currently attending _____

I. PARENT/GUARDIAN INFORMATION

List below name(s) of parent(s)/guardians(s) and present religious affiliation; if any

Name _____ Relationship _____

Religious Affiliation _____

Name _____ Relationship _____

Religious Affiliation _____

Full mailing address _____

Phone (daytime) _____ Phone (evening) _____

Cell Phone _____

Cell Phone _____

Email address _____

Child lives with Parents Mother only Father only Other (please specify)

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

If there is a joint custody arrangement please provide:

Alternate full address _____

Include **locality** (city, town,)

Region (State, Province, territory)

Country

Alternate email address _____

II. Religious History

1. **Has your child/teen been baptized?** Yes No I'm not sure

*If you answered **Yes** to question 1 please provide the following information*

a. In what domination was your child/teen baptized? _____

b. What was your child/teen's approximate age at baptism _____

c. Baptismal Name (*if different from current name*) _____

d. Place of Baptism (*Name of the Church/denomination*) _____

e. Address (*if known*) _____

f. Location (*if known*) _____

Include **locality** (city, town,) **Region** (State, Province, territory) **Country**

2. If your child was baptized as a Catholic please list the sacraments he/she has received.

- Reconciliation (Confession) Eucharist (First Communion) Confirmation

III. Family Information

List the names of any siblings

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

IV. Learning Style

Not all people learn the same way. You can help your child/teen get as much out of this process as possible by sharing what you know about the learning preferences. Check all that apply. Feel free to comment.

Speaking/Listening (*Lecture; storytelling; podcasts; discussion...*) _____

Seeing (*looking at pictures, identifying symbols, watching a video ...*) _____

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

Writing (*how would you assess your child/teens writing skills, does your child keep a journal?*) _____

Hands on learning (*does your child/teen like arts/crafts, doing projects?*) _____

Does your child/teen enjoy working alone in small groups in large groups

It will help to know your child/teen's strongest attributes and challenges. Please provide any information you think might be relevant.

Example: Michael is very outgoing, loves to read and is a leader in his peer group. He is generally very optimistic and will try anything at least once. He becomes quiet if his feelings have been hurt. He has a number of different allegories.

V. 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/concerns your child/teen has about the Catholic Church? _____

4. Please summarize the reason(s) your child/teen wants to begin the process of Christian Initiation
