



Child/Teen Inquirer Information Form

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

Today's Date: _____

Child/Teen's Name:

First: _____ Middle: _____ Last: _____

Maiden Name (if applicable): _____

Date of Birth: _____ Age: _____

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

Grade Level: _____ School: _____

I. 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/Mobile 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/or if the child/teen also lives with a step-parent: _____

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

II. 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 your child/teen baptized? _____

(b) Date or approximate age when your 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, territory, etc.), and **country**)

2. If your child/teen was baptized as a Catholic, check those sacraments he/she has received.

Penance (Confession) Eucharist (First Communion) Confirmation

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

Never been married Is currently married Has been married

IV. FAMILY INFORMATION

List the name(s) of any siblings (e.g., John— Brother; Jean— Stepsister).

Name: _____ Relationship: _____ Age: _____

Name: _____ Relationship: _____ Age: _____

Name: _____ Relationship: _____ Age: _____

Name: _____ Relationship: _____ Age: _____

Name: _____ Relationship: _____ Age: _____

V. 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; Identifying symbols; Watching a video*) _____

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

Writing (*At what level is your child's /teen's writing skills? Does your child/teen like to write stories/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 her and speaking normally."

VI. 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.
