



RCIC CHILD INQUIRER INFORMATION FORM (7 - 12 YEAR OLD)

Information on this form is held in confidence and is not shared beyond the Parish Priest and RCIA Team without your permission.

Today's Date:.....

Name of person completing this form:

Relationship to the Child:

Child's Name:

First: Middle: Last:

Date of Birth: Age:

Place of Birth:
(Include locality: town, city, and country)

Year Level: School:

PARENT/GUARDIAN INFORMATION

List below the names(s) of parents(s)/guardians(s) and present religious affiliation, if any:

Name: Relationship:

Religious Affiliation:

Name: Relationship:

Religious Affiliation:

Full Mailing Address:

Telephone: *(Daytime)*..... *(Evening/Weekend)*.....

Cell/Mobile Phone: Email:

You/youth live with: Parents Mother only Father only Other *(please explain)*:

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

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

RELIGIOUS HISTORY

Has your child ever been baptized? Yes No I am not sure

If you answered "yes" to the question above, please provide the following information:

- In what denomination was your child baptized?
- Date or approximate age when your child was baptized:
- Baptismal name *(if different from current name)*:
- Place of Baptism *(name of church/denomination)*:
- Address, if known:
- Location, if known:
(Include locality: town, city, and country)

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

Penance (Confession) Eucharist (Holy Communion) Confirmation

GENERAL QUESTIONS

- What contact has your child had with the Catholic Church to date?

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- Please describe the types of religious education in which your child has participated.

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- What are some of the questions or concerns your child has about the Catholic Church?

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

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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 enjoys learning?
 - Listen (*lecture; storytelling*):
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 - Seeing (*looking at pictures; identifying symbols; watching a video*):
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 - Reading (*At what level does your child read? Does your child enjoy reading?*):
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 - Writing (*At what level is your child’s writing skills? Does your child like to write stories/keep a journal?*):
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 - Hands on (*Does your child enjoy doing projects or making crafts?*):
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 - Group Work (*Does your child enjoy working with others?*):
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○ It will help to know your child’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.”

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FAMILY INFORMATION (OPTIONAL)

List the name(s) of any siblings (e.g. John – brother; Jean – stepsister).

Relationship: Name: Age:.....

Relationship: Name: Age:.....

Relationship: Name: Age:.....

Relationship: Name: Age:.....

Relationship: Name: Age:.....

CONFIDENTIAL

Date Parish/School Received:	By Whom:
Copy of Baptism Certificate Received:	Candidate:
Follow-up:	