 [Diocesan Address Details]

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?

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

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

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

# 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)*:

* Seeing *(looking at pictures; identifying symbols; watching a video)*:

* Reading *(At what level does your child read? Does your child enjoy reading?)*:

* Writing *(At what level is your child’s writing skills? Does your child like to write stories/keep a journal?)*:

* Hands on *(Does your child enjoy doing projects or making crafts?)*:

* Group Work *(Does your child enjoy working with others?)*:

* 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.”*

# 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:

Date Parish/School Received: By Whom:

Copy of Baptism Certificate Received: Candidate:

Follow-up: