



# 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: \_\_\_\_\_

## **PARENT/GUARDIAN INFORMATION**

List below the name(s) of parent(s)/guardian(s) (incl. mother's maiden name) 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: \_\_\_\_\_

## **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.

- Reconciliation (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

4. Please describe the types of religious education in which your child/teen has participated.

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5. What contact has your child/teen had with the Catholic Church to date?

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6. What are some of the questions or concerns your child/teen has about the Catholic Church?

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

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**FAMILY INFORMATION**

List the name(s) of any siblings or others in your household (e.g., Juan — Brother; Jane — Stepsister).

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

**IV. 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."*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

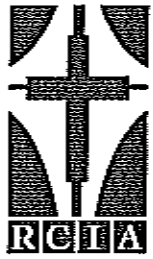
**FOR OFFICE USE**

Date Rec'd \_\_\_\_\_

Paid \$60 Year 1 \_\_\_\_\_

Paid \$60 Year 2 \_\_\_\_\_

Godparent/Sponsor Information rec'd date \_\_\_\_\_



# RCIA C&Y Parents' Active Participation Form

(To be completed by parent(s) at the time the child(ren) begins the process of Christian initiation in the parish)

*The Christian initiation team at St. Catherine of Siena is here to guide, teach, and support you and your child(ren) as members of your family prepare for the sacraments. It is essential to keep in mind that the Church has always considered parents to be the primary educators in the work of forming their children's faith. The role of parents in their children's spiritual formation is therefore of critical importance. The work of this parish's Christian initiation team is to assist you, not replace you. In addition to a calendar of relevant dates for meetings and liturgical rites, we will be providing you with materials to help you in teaching, praying with your child(ren).*

The spiritual preparation that our parish asks of you involves, but is not limited to, the following list, which we request that you consider and complete. As we pledge to be faithful to our commitment to assist you in teaching and forming your child(ren) in the Catholic faith, we ask you to pledge to be faithful to each of the following...

- |   |     |    |
|---|-----|----|
| · To pray with your child(ren) each day, and model prayer to them               | YES | NO |
| · To read Scripture/Bible stories with your child(ren)                          | YES | NO |
| · To read the stories of the lives of the saints with your child(ren)           | YES | NO |
| · To teach your child(ren) basic Catholic prayers                               | YES | NO |
| · To teach your child(ren) the Ten Commandments                                 | YES | NO |
| · To participate in Mass on Sundays (or Saturday evenings) with your child(ren) | YES | NO |
| · To participate in Mass on Holy Days of Obligation with your child(ren)        | YES | NO |
| · To bring your child(ren) to RCIA C&Y gatherings faithfully                    | YES | NO |
| · To attend RCIA practices/rehearsals for rites (when required)                 | YES | NO |

If you can commit to these aspects of spiritually preparing your child(ren) for the sacraments and the Christian life, please print and sign your name(s) below:

\_\_\_\_\_

Printed name Signature

\_\_\_\_\_

Printed name Signature

\_\_\_\_\_  
Child's name(s)

Date: \_\_\_\_\_



# Godparent/Sponsor Information

Name (First and Last): \_\_\_\_\_

\_\_\_\_\_ Please initial after reading the following paragraph:

I understand that as a godparent or sponsor I am to live a life in harmony with the nature of this responsibility, meaning, for example, that I regularly attend Mass; I receive the Eucharist regularly; I make use of the sacrament of Reconciliation; I am not in an irregular marriage; I am not an active homosexual; and I seek to the best of my understanding of my Catholic faith to be faithful to the teachings of the Church. I attest that I have received the sacrament of Confirmation and that I am at least 16 years old. I also understand that being a godparent or sponsor is a commitment of time. I will attend weekly sessions for catechesis, the celebrations of liturgical rites, and other initiation-related events to the best of my ability. I further understand that being chosen as a godparent or sponsor is a lifetime commitment to be, as I am able, a faithful witness of the Catholic way of life to the individual I am called to serve. If I am not a member of the same parish as the person who I am serving, then I will obtain a Letter of Good Standing from my own parish, attesting to the fact that I attend Mass regularly on Sundays and Holy Days of Obligation, follow the precepts of the Church, and possess no impediments for serving as a godparent or sponsor.

## I. CONTACT INFORMATION

Full Mailing Address: \_\_\_\_\_

Phone: (Daytime) \_\_\_\_\_ (Evening/Weekend) \_\_\_\_\_

Cell/Mobile Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Email: (Home) \_\_\_\_\_ (Other) \_\_\_\_\_

## II. SACRAMENTAL HISTORY

1. Place Where You Were Baptized: \_\_\_\_\_

(include church name (or hospital, etc.), locality (town, city, county, etc.), region (state, province, territory, etc.), and country)

2. Parish Where You Are Currently Registered: \_\_\_\_\_

Full Mailing Address: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### For Office Use

Godparent/Sponsor for: \_\_\_\_\_ Date: \_\_\_\_\_

Completed Initial Sponsor Formation by Date: \_\_\_\_\_

If from Another Parish, Letter of Good Standing Received by Date: \_\_\_\_\_

Notes: \_\_\_\_\_

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