



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

**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."*

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**VI. GENERAL QUESTIONS**

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

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

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

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

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(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?*) \_\_\_\_\_