	ormation F	'OIIII is not shared without your permission.
		Today's Date:
Child/Teen's Name:		
First:	Middle:	Last:
Maiden Name (if applicable):	. <u></u>	
Date of Birth:		Age:
Place of Birth:	nclude locality (town, city, county, etc.)	, region (state, province, territory, etc.), and country)
		,
I PARENT/GUAR	DIAN INFORMATION	
	nt(s)/guardian(s) and present religio	pus affiliation if any:
		Relationship:
Religious Affiliation:		
Name:		Relationship:
		-
Phone: (Daytime)	(E	vening/Weekend)
Cell/Mobile Phone:	En	nail:
Child/teen lives with:	Parents 🔲 Mother Only	□ Father Only □ Other (please explain):
	e parent/guardian, please indica	te who has legal custody and/or if the child/teen also
If there is a joint custody as	rrangement, please provide alter	nate full address:
II. RELIGIOUS H	ISTORY	
1. Has your child/teen	ever been baptized? 🔲 Yes	I no I am not sure
If you answered "Yes" to Que	estion 1, please provide the following	information:
(a) In what denomi	nation was your child/teen bapt	ized?
(b) Date or approxi	mate age when your child/teen	was baptized:

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(d) Place of Baptism (name of church/denomination): (e) Address, if known: (f) Location, if known: (g) Location, if known: (g) Location, if known: (h) Location, if known: (g) Location, if known: (h) Penance (Confession) Eucharist (First Communion) (h) Newer been married Is currently married (h) Newer been married Is currently married (h) Newer been married Relationship: (h) Newer been married Reg: Name: Relationship: (h) Age: Age: Name: Relationship: (h) Ageople learn in the same way. You can help your child/teen get as m	(c) Baptismal name (if different from curren	nt name):				
(f) Location, if known:	(d) Place of Baptism (name of church/den	omination):				
(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 In Never been married Is currently married Has been married V. FAMILY INFORMATION List the name(s) of any siblings (e.g., John—Brother; Jean—Stepsister). Name: Relationship: Age: Is 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. Image: In what ways do you think your child/teen enjoys learning? Im	(e) Address, if known:					
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Name: Relationship: Age: Not all people learn in the same way. You can help your child/teen enjoys learning? Isterning about your child/teen enjoys learning? Listening (Leature; Storytelling)	IV. FAMILY INFORMATION					
Name: Relationship: Age: Not all people learn in the same way. You can help your child/teen enjoys learning? Isterning? Listening (Lecture: Storytelling) Seeing (Looking at pictures; Identifying s	List the name(s) of any siblings (e.g., John—Brother; J	ean — Stepsister).				
Name:	Name:	Relationship:	Age:			
Name:	Name:	Relationship:	Age:			
Name:	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?)	Name:	Relationship:	Age:			
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Writing (At what level is your child's /teen's writing skills? Does your child/teen like to write stories/keep a journal?)	Seeing (Looking at pictures; Identifying symbols; Watching a video)					
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?)	Reading (At what grade level does your child/teen read? Does your child enjoy reading?)					
Hands On (Does your child/teen enjoy doing projects or making crafts?)						
	Writing (At what level is your child's /teen's writing skills? Does you	ur child/teen like to write stories/keep a journal?)				
Group Work (Does your child/teen enjoy working with others?)	Hands On (Does your child/teen enjoy doing projects or making	crafts?)				
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	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.