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:vaultParent]vaultMother Only]vaultFather Only] vaultOther (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?vaultYes]vaultNo]vaultI 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: ________________________________

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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?) ________________________________
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.