



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: _____

(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?) _____