IV. LEARNING STYLE continued

Writing (At what level is your child's writing skills? Does your child like to write stories/keep a journal?)

Hands On (Does your child enjoy doing projects or making crafts?)

Group Work (Does your child enjoy working with others?)

It will help to know your child's strongest attributes or challenges.

For example: Mary is very outgoing and gets excited when she is have 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

V. GENERAL QUESTIONS

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

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

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

Date	Rite/Document	Notes
	Application	
	Rite of Acceptance/Welcome	
	Sponsor Info	
	Certificate	
	Sacramental Record	CMS/Logos/Bap Register



Holy Trinity Catholic Church Child/Teen Inquirer Information Form

Child/Teen Name	: :				
First:	Middle:	Last:			
Date of Birth:	Age:				
Place of Birth:					
include locality (town, city, etc), region (state, province, territory, etc), and country					
Grade Level:	School:				



RCIA Adapted for children

List below the name(s) of parent(s)/guardian(s) and pres Name:			
Full Mailing Address:			
Phone (Daytime):	(Evening/Weekend):		
	Cell Phone:		
Email Address:			
Name:			
Phone (Daytime):	(Evening/Weekend):		
	Cell Phone:		
Email Address:			
Child/teen lives with: Parents Mother Only	Father Only Other (Please Explain):		
If child/teen lives with one parent/guardian, pleachild/teen also lives with a stepparent:			
If there is a joint custody arrangement, please pr	ovide alternate full address:		
,			
II. RELIGIOUS HISTORY			
What, if any, if your religious affiliation?			
Mother:			
Father:			

Has you	r child ever been baptized? Yes	No I	am not sur	е			
If you ar	nswered "Yes" above, please provi	de the fol	lowing info	rmation:			
	In what denomination was your c teen baptized?	hild/					
	Date or approximate age when yo teen was baptized:	our child					
	Place of Baptism (Name of church denomination)	n/					
	Address if known:						
	City & State if known; Country if r						
	hild/teen was baptized as a Cathonnee (Confession)Eucharist				he has re irmation	ceived:	
III. FAN	MILY INFORMATION						
List the r	name(s) of any siblings (e.g. John –Broth	er; Jean—S	Stepsister				
Name:		Relations	ship:		Age:		
Name:		Relations	ship:		Age:		
Name:		Relationship:			Age:		
Name:		Relationship:			Age:		
Name:		Relations	ship:		Age:		
IV. LEA	RNING STYLE						
about yo	eople learn the same way. You can help ur child's learning abilities. ways do you think your child enjoy			out of this prod	cess as pos	sible by sharing	
Listenin	g (Lecture; Storytelling)						
Seeing (Looking at pictures; Identifying symbols	; Watching	a video)				
Dooding	(At what are do lovel does your shild re	ad) Daas	مرية ماناط محدد				

Reading (At what grade level does your child read? Does your child enjoy reading?