

St. Isidore's Religious Education Child/Teen Information Form

Information is held in confidence and is not shared without your permission.

Today's Date: _____

Child/Teen's Name

First

Middle

Last

Date of Birth

Age (on Sept. 1)

Teen's Cell #

Place of Birth: _____

(include **locality** (town, city, county, etc.), **region** (state, province, territory, etc.), and **country**)

Grade Level (on Sept. 1): _____ 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: _____ Preferred Language: _____

Name: _____ Relationship: _____

Religious Affiliation: _____ Preferred language: _____

Full Mailing Address:

Phone: Mother's cell _____ Father's Cell: _____ Home: _____
_____ Best number to call: _____ Email: _____

Additional _____ email _____ (optional): _____

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: _____

Is there a custody arrangement that will affect your child/teen's participation in religious education? _____

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**)

****Please include a copy of your child/teen's baptismal certificate.** (We are able to verify baptisms performed at St. Isidore's, with the name and DATE provided above).

2. If your child/teen was baptized, please check all other sacraments he/she has received.

Penance (Confession) Eucharist (First Communion) Confirmation

III. 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: _____

***** IF THIS IS FOR A HIGH SCHOOL TEEN: SECTION IV.
IS TO BE ANSWERED BY THE TEEN**

IV. LEARNING STYLE

Not all people learn in the same way. You can help your child 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 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?)*

*****(FOR PARENTS) 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."

V. GENERAL QUESTIONS

1. How often does your child/teen attend Mass? *(Every week, occasionally, has never attended Mass...)*

2. Is there a Mass he/she attends regularly? *(Saturday evening, Sunday morning, Sunday evening, Spanish)*

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

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

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

6. Please give at least 3 goals you have for your child/teen with regards to his/her religious education.

7. Is there any additional information or support you would like from St. Isidore's to help you better educate your child in his/her faith at home?

High School Teens only:

8. Please summarize below the reasons you desire to begin the Christian Initiation process, or Sacrament preparation.
