



# St. Clare RCIA Child/Teen Registration

First name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Nickname (If any): \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  M  F

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Grade (2016-17): \_\_\_\_\_ School: \_\_\_\_\_

## CONTACT INFORMATION

*(Please list below the name(s) of the parent(s)/guardian(s) AND current religious affiliation (if any)*

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Last Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Religion: \_\_\_\_\_

Religion: \_\_\_\_\_

Home phone: \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell: \_\_\_\_\_ Text? Y N

Cell: \_\_\_\_\_ Text? Y N

Work: \_\_\_\_\_

Work: \_\_\_\_\_

Family E-mail Address (please use the address checked most often): **We communicate via email often**

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

With whom does this child reside?  Both parents  Mother  Father  Shared custody

If shared custody, send mail to alternate address too?  YES  NO

MAILING ADDRESS: (Alternate) \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

*List the name(s) of any siblings (e.g., John — Brother; Mary— Stepsister)*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

*Please list any additional sibling's names on the back of this form*

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



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## RELIGIOUS HISTORY

Has your child ever been baptized?  YES  NO  I am not sure

If YES, please attach a copy of your child's Baptismal Certificate and fill in the information below:

Exact date of Baptism: \_\_\_\_\_  Catholic  Other: \_\_\_\_\_

CHURCH NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PROVINCE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

If your child was baptized as a Catholic, please check any other Sacraments received.

RECONCILIATION (Confession)  EUCHARIST (First Communion)  CONFIRMATION

Does your child have a sponsor and/or God parent?  NO  YES (Please provide the following)

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Religion: \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell: \_\_\_\_\_ Text? Y N

Email: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Religion: \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell: \_\_\_\_\_ Text? Y N

Email: \_\_\_\_\_

**Note:** Parent(s) or sponsor/godparent **MUST** accompany child/teen to all sessions. Questions may be directed to Tim Rumery (916) 772-4717 X118 or Holli Devereux (916) 772-4717 X1113

## OTHER INFORMATION - PERMISSIONS

Does your child have any special needs? \_\_\_\_\_

Does your child have an IEP at school? \_\_\_\_\_

Does your child have any allergies or medical concerns? \_\_\_\_\_

Does St. Clare have your permission to publish your child's photograph for recognition/prayers?

in the bulletin  on the parish website/Facebook pages  other parish publications

**X** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Parent or legal guardian signature and date)

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