



St. Clare RCIA Child/Teen Registration

First name: _____ Middle: _____ Last: _____

Nickname (If any): _____ Age: _____ Gender: M F

Date of Birth: _____ Place of Birth: _____

Grade (2017-18): _____ 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? _____
(If YES, please attach a note with explanation.)

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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