

HOLY FAMILY CATHOLIC CHURCH

RCIC PROGRAM INFORMATION FORM

Welcome! As your child begins their journey to explore the Catholic faith, please complete this form to allow us to know serve the family.

Registering Child

Full Name: _____ Birthdate: _____

Address: _____ City: _____ Zip: _____

School: _____ Grade in September: _____

Special Needs: _____

Religious History

Baptism (Required information. Please provide copy of Baptismal Certificate)

Date: _____ Church: _____

Address of Church: _____

City: _____ State: _____ Zip: _____

Faith Formation

Describe religious education: (include all, even at other Faith communities: _____

Parent's Name: _____

Address: _____

Home Phone: _____ Cell _____ Work _____

Home Email: _____ Work Email: _____

Employer: _____

Occupation: _____

Other Children

Age

School

1. _____

2. _____

3. _____

4. _____

HOLY FAMILY CATHOLIC CHURCH

RCIC PROGRAM INFORMATION FORM

Parent Information

Mother

Father

Are you Baptized? If so, what faith tradition?: _____

Present religious affiliation (Church): _____

Were you married in the Catholic Church?: _____

Place of marriage: _____

Any prior marriages? If so, please discuss: _____

Please describe your past involvement/ religious studies including other faith communities and member-ships (including Fraternal Organizations): _____

What brings the family to seek the Child's entry into the Church?: _____

Class Time Options:

8:45am 10:15am 11:45am 6:45pm (MS) 6:30pm (Mon.)

Note: The decision to enter the Church is profound and requires considerable discernment and committed effort. Our expectations are that the child attends at least 80% of the scheduled Masses, programs and associated activities. Periodically, parent programs are also offered to assist them and their child at the start of this life-long learning experience. Continuation of Faith Formation classes in subsequent years is also assumed.

Parent/Gaurdian Signature: _____ Date: _____