



Rite of Christian Initiation (RCIA) for Children Registration Form

Student Name _____ Grade ____ Date of Birth _____

Street Address _____ City _____ Zip Code _____

Place of Birth (City and State or Township and Country) _____

Homeschooled Yes ____ or Name of School _____

Favorite subject and/or activities _____

Family Email _____ Phone _____

Emergency Contact _____ Relationship _____ Phone _____

Allergies, medical conditions, physical, academic or any other special assistance or concerns: _____

Father's Name _____ Religion _____

Mother's Name _____ Religion _____

Mother's Maiden Name: _____

Custodial Information – complete this section ONLY if divorced, separated or a designated guardian. Please provide a copy of the legal agreement designating person(s) responsible for decisions related to the faith of the child. The following person has legal authority for raising the child in the Catholic faith:

Name _____ Phone _____

Parent/Guardian Signature

Date