



RCIT (RITE OF CHRISTIAN
INITIATION OF TEENAGERS)
2020-2021



BAPTISM &/OR
FIRST COMMUNION FOR
6TH-12TH GRADERS

Child's Name _____

Date of Birth _____ Age when school starts in Fall _____

Child's Address _____ ZIP _____

Child's School _____ Grade in school 2020-2021 _____

Any Special Needs or Services at school _____

Favorite Activities/Sports/Hobbies/Musical Abilities _____

Has this child been Baptized? (Please circle.) Yes No If, yes, date of Baptism _____

Name of Church, City/State/Country of Baptism: _____

(If Baptized, copy of Baptism certificate handed in by October 4 to Faith Formation.)

Parent's Name who will be primarily responsible for the Child's attendance, and will regularly attending Parent/Guardian classes with them _____

Parent's address _____ ZIP _____

Best number to reach parent: _____ May we text you? (Circle) Yes No

Can you be reliably contacted by Email? If so, email: _____

Other comments? _____

"For I know well the plans I have in mind for you...plans for your welfare and not for woe...to give you a future of hope" (Jeremiah 29:11).