



A1: Parent Response Form
Strong Catholic Families: Strong Catholic Youth
Partnering with Parents to Bring Home the Faith

*Completing this form does not obligate you to anything
nor add you to any mailing list*

Full Name _____

Address _____

City/State/ZIP Code _____

Parish _____ E-Mail _____

Day Phone _____ Cell Phone _____

Check those that apply:

- I am interested in meeting with other parents for sharing ideas and support. Please contact me as groups begin to form.
- I am interested in helping our parish plan some follow-up steps to creating Strong Catholic Families and Youth.
- I am interested in receiving resources (print/electronic/e-mail) to help me parent my children in the faith.
- I am interested in becoming more involved in our church: for myself with my family
- Additional comments or ideas you wish to communicate to the leadership of the parish:

Please rate today's Parent Presentation:

	Poor	Ok	Good	Very Good
Presenter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Content of Presentation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

One thing I learned (or was reminded of) in this presentation _____

One thing I (or my family) might do differently because of what I heard today: _____

“The joys and the hopes, the griefs and the anxieties of the people of this age, especially those who are poor or in any way afflicted, these are the joys and hopes, the griefs and anxieties of the followers of Christ. Indeed, nothing genuinely human fails to raise an echo in their hearts.”

Pastoral Constitution on the Church in the Modern World, Vatican, Dec. 7, 1965

Take a few moments to help us to better support and partner with you...

Our Catholic Church and faith are here to support you with your children, your family, and in our parish community. **This means that whatever you are dealing with matters to the church.** We are here to celebrate what is working and to walk with you as you face life’s expected and unexpected challenges.

Please let us know how we can be more supportive of you and your family by checking the area(s) below. If you check any of the following, we will respond to you directly and confidentially. May God bless you and your family and know that our love, prayers, and support are with you!

- | | |
|--|---|
| <input type="checkbox"/> Building family traditions | <input type="checkbox"/> Support for my marriage |
| <input type="checkbox"/> Family prayer resources | <input type="checkbox"/> Family counseling resources |
| <input type="checkbox"/> Doing service for others with my children | <input type="checkbox"/> Need a parent support group |
| <input type="checkbox"/> Ways to volunteer in our community | <input type="checkbox"/> Stress and time management |
| <input type="checkbox"/> Talking about faith and morals at home | <input type="checkbox"/> Domestic violence |
| <input type="checkbox"/> Alcohol, drugs, and addiction issues | <input type="checkbox"/> Understanding the other generation |
| <input type="checkbox"/> Dating and adolescent sexuality | <input type="checkbox"/> Health needs for family or extended family |
| <input type="checkbox"/> Websites, books, & family resources | <input type="checkbox"/> Support for single parents |
| <input type="checkbox"/> Making moral decisions in our family | <input type="checkbox"/> Support for blended families |
| <input type="checkbox"/> Dealing with loss and grief | <input type="checkbox"/> Support for incarcerated family members |

Other requests or needs: _____

What is the best way to reach you during the day?

- Phone _____
- E-Mail _____
- Other: _____

