



## 2024 SPRED Data Profile Form for New Catechists

**SPRED Group Name:** \_\_\_\_\_

**Age Group:**     6 to 10         11 to16         17-21         22+

<b>Catechist First Name:</b>	<b>Last Name:</b>
<b>Street Address:</b>	<b>City, State ZIP:</b>
<b>Phone:</b>	<b>Email:</b>
<b>SPRED Entry Date:</b>	<b>Home Parish Name if different from SPRED Parish:</b>

<b>Catechist First Name:</b>	<b>Last Name:</b>
<b>Street Address:</b>	<b>City, State ZIP:</b>
<b>Phone:</b>	<b>Email:</b>
<b>SPRED Entry Date:</b>	<b>Home Parish Name if different from SPRED Parish:</b>

<b>Catechist First Name:</b>	<b>Last Name:</b>
<b>Street Address:</b>	<b>City, State ZIP:</b>
<b>Phone:</b>	<b>Email:</b>
<b>SPRED Entry Date:</b>	<b>Home Parish Name if different from SPRED Parish:</b>

<b>Catechist First Name:</b>	<b>Last Name:</b>
<b>Street Address:</b>	<b>City, State ZIP:</b>
<b>Phone:</b>	<b>Email:</b>
<b>SPRED Entry Date:</b>	<b>Home Parish Name if different from SPRED Parish:</b>



## 2024 SPRED Persons with Disabilities Data Profile Form

**SPRED Group Name:** \_\_\_\_\_

**Age Group:**     6 to 10                       11 to 16                       17-21                       22+

<b>First Name:</b>	<b>Last Name:</b>	<b>Date of Birth:</b>
<b>Address:</b> <b>City, State ZIP Code</b>		
<b>Phone:</b>	<b>Email:</b>	
<b>Home Parish:</b>		<b>SPRED Entry Date:</b>
<b>Father/Guardian Full Name:</b>		<b>Mother/Guardian Full Name</b>
If above is next of kin or guardian rather than parent, indicate here:    Next of kin _____                      Guardian _____		
<b>Parent Address (If different from above)</b>		<b>City/State Zip Code</b>
If person is living away from home give name and full address of facility.		

<b>First Name:</b>	<b>Last Name:</b>	<b>Date of Birth:</b>
<b>Address:</b> <b>City, State ZIP Code</b>		
<b>Phone:</b>	<b>Email:</b>	
<b>Home Parish:</b>		<b>SPRED Entry Date:</b>
<b>Father/Guardian Full Name:</b>		<b>Mother/Guardian Full Name:</b>
If above is next of kin or guardian rather than parent, indicate here:    Next of kin _____                      Guardian _____		
<b>Parent Address (If different from above)</b>		<b>City, State Zip Code</b>
If person is living away from home, please include name and full address of facility below.		



## 2024 SPRED GROUP CHANGES/UPDATES

**SPRED Group Name:** \_\_\_\_\_

**Age Group:**     6 to 10     11 to 16     17 to 21     22+

### Retired or Transferring Catechists

Catechist Name	Retired / Other

### Retired or Transferring Persons with Disabilities

PWD Name	Retired / Reason	Transferred / New SPRED Center