



White Rock Christian Academy

FAMILY PROFILE

FATHER'S INFORMATION:

Last Name: _____
 First Name: _____
 Occupation: _____
 Employer: _____
 Email: _____
 Cell: () - _____
 Work Phone: () - _____
 Address (if different from primary address of student below):

MOTHER'S INFORMATION:

Last Name: _____
 First Name: _____
 Occupation: _____
 Employer: _____
 Email: _____
 Cell: () - _____
 Work Phone: () - _____
 Address (if different from primary address of student below):

Primary address of student(s): _____ Street _____ City _____ Province _____ Postal Code _____

Home phone/primary phone: () - _____

Marital status of parents: Married Divorced Separated Widow(er) Single
 (If parents are divorced and remarried, name of current spouse[s]): _____

Student lives with: Both parents Father Mother Other (explain): _____

Citizenship of parents: Canadian Other _____ Primary language spoken at home: _____

How many children in your family do you wish to enroll at WRCA for this school year?

CHILD(REN)'S NAME(S)	GRADE	BIRTH DATE (DD/MM/YYYY)	GENDER	SCHOOL CURRENTLY ATTENDING

How many children in your family do you wish to enroll at WRCA in future school years?

CHILD(REN)'S NAME(S)	GRADE	BIRTH DATE (DD/MM/YYYY)	GENDER	SCHOOL CURRENTLY ATTENDING

How many children in your family do you not wish to enroll at WRCA?

CHILD(REN)'S NAME(S)	GRADE	BIRTH DATE (DD/MM/YYYY)	GENDER	SCHOOL CURRENTLY ATTENDING

Why do you desire to enroll your child(ren) at White Rock Christian Academy? _____

Church affiliation of parents/guardians: _____
Home Church Denomination

Describe your church commitment and attendance pattern. _____

How would you describe your faith? _____

What strengths does your family offer to the school? _____

How did you hear about White Rock Christian Academy? _____

Do you know any current WRCA families who can vouch for your character? _____
Name(s)

EMERGENCY CONTACT INFORMATION

Local contacts authorized to pick up student(s) if parents cannot be reached:

_____	_____	Phone: () - _____	Cell: () - _____
Name	Relationship to Child(ren)		
_____	_____	Phone: () - _____	Cell: () - _____
Name	Relationship to Child(ren)		

Out-of-lower-mainland emergency contact (in case of an earthquake):

_____	_____	Phone: () - _____	Cell: () - _____
Name	Relationship to Child(ren)		

Family Doctor: _____ Phone: () - _____

FINANCIAL COMMITMENT

By initialing here, I/we do hereby commit to pay all tuition and related fees in accordance with WRCA's Tuition Payments Policy (Policy No: 3501).

Mother or Guardian:

Father or Guardian:

I/we have, to the best of our knowledge and ability, answered all questions in this Family Profile truthfully and completely.

Mother or Guardian: _____
Name Signature

Father or Guardian: _____
Name Signature

Date: _____