



# 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: \_\_\_\_\_

Please list the children in your family.

CHILD(REN)'S NAME(S)	GRADE	BIRTH DATE (DD/MM/YYYY)	GENDER	SCHOOL CURRENTLY ATTENDING	YEAR APPLYING FOR AT WRCA

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 contact information:

_____	Phone: _____	Cell: _____
Name		

### 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: \_\_\_\_\_