



White Rock Christian Academy

FAMILY PROFILE

FATHER'S INFORMATION:

MOTHER'S INFORMATION:

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

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)

Were you referred by a current WRCA family? If so, please include: Current WRCA student first & last name: _____

Current WRCA parent first & last name: _____

EMERGENCY CONTACT INFORMATION

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

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

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

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

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

Family doctor contact information:

Name _____ Phone: _____ Cell: _____

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: _____