



Application# \_\_\_\_\_

# ENROLLMENT FORM

## PARENT INFORMATION (FATHER/GUARDIAN)

NAME: \_\_\_\_\_  
First Middle Last

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Postal Code

## PARENT INFORMATION (MOTHER/GUARDIAN)

NAME: \_\_\_\_\_  
First Middle Last

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Postal Code

## STUDENT (CHILD) INFORMATION

NAME: \_\_\_\_\_ PHN No. \_\_\_\_\_  
First Middle Last Personal Health Number  
DOB: \_\_\_\_\_ AGE: \_\_\_\_\_ Gender: M / F

## EMERGENCY CONTACT

NAME: \_\_\_\_\_  
First Middle Last

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Postal Code

RELATIONSHIP: \_\_\_\_\_

**By Completing and signing this application, Parents/Guardians/Students agree that:**

- WRMA is not responsible for any accidental, personal injury, or loss. Initial \_\_\_\_\_
- WRMA is authorized to take any steps in an emergency when a Parent can't be reached. Initial \_\_\_\_\_
- They will pay all Fees and adhere to all Policies of WRMA and its Programs. Initial \_\_\_\_\_
- Students MUST be dropped-off and picked up strictly according to the Program Times. Initial \_\_\_\_\_
- Children will NOT be supervised after Program close time. Initial \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date