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WIA
Gujarati Pre-School Enrolment Form

WIA Membership Number: _____ School Year: _____

Child Full Name: _____

Date of Birth: _____ Age: _____
(on enrolment day)

Parents Name: _____

Address: _____

Z _____

Phone #: _____
(Home) (Business)

(Mobile)

Email: _____

Emergency Details

In case of an emergency who should we contact? This should be different to the name of the parents listed above

Name: _____

Telephone: _____

Relationship: _____

Medical Information

Medical Conditions to be aware of: _____

Doctor's Name & Phone Number: _____

I (Parents name) _____ confirm the above information is true and correct
and that I am a current member of WIA
(Parents Name)

(Parents Signature)

Office use only

Invoice number: _____ Amount Paid: _____

Invoice Date: _____

Enrolment Officers Signature: _____