

WOODMONT

ACADEMY

OF

fine arts

WAFA

APPLICATION/ENROLLMENT FORM

Student's Name _____ Date of Birth _____

Instrument or Area of Study _____ Today's Date _____

Street Address _____ City _____ State _____

Zip _____ Phone: Home _____ Work _____

PREFERRED DAY OF LESSON (Check 1st and 2nd choices.)

Monday Tuesday Wednesday Thursday Friday Saturday

PREFERRED TIME OF LESSON (Check all that apply.) Morning Afternoon Evening (specific time)

If student is living with parent or guardian, please complete:

Parent's name(s) _____ Phone: Home _____ Work _____

To register, detach and return this card to Woodmont Baptist Church, 2001 Darby Dr. Florence AL 35630