



Tomah Baptist Academy, 1701 Hollister Avenue, Tomah, WI 54660 | (608) 372-5288  
Web: TBA.TomahBaptistChurch.com | Email: office@tba.tomahbaptistchurch.com

## Preschool Student Application

Child's Full Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birth Place: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Birth Cert. # \_\_\_\_\_

Date to be Enrolled: \_\_\_\_\_ Age at this date: \_\_\_\_\_

I am seeking to enroll my child:

Part Time (20 hours per week)       Full Time (over 20 hours per week)

Has your child attended a day-care or preschool prior to this date?       Yes     No

If yes, please list names of the facilities and reason for leaving.

1) \_\_\_\_\_

2) \_\_\_\_\_

How did you hear about Tomah Baptist Academy Preschool? \_\_\_\_\_

Does your child have any special education needs?       Yes     No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Does your child have any physical disabilities?       Yes     No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Does your child wear glasses or corrective lenses?     Yes     No

Does your child have a history of ear infections or hearing difficulties?     Yes     No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

List any allergies. Be as specific as possible regarding their reaction to said allergy and if it is life threatening. \_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In the case of an allergic reaction, do you need to be contacted immediately:  Yes  No

List any emotional or psychological needs. \_\_\_\_\_  
\_\_\_\_\_

List any medication currently prescribed. \_\_\_\_\_  
\_\_\_\_\_

Family Doctor: \_\_\_\_\_

Father: Mr., Dr., Rev. \_\_\_\_\_ Mother: Mrs., Ms., Dr. \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_

Home Telephone: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Mobile Telephone: \_\_\_\_\_ Mobile Telephone: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Position: \_\_\_\_\_ Position: \_\_\_\_\_

Marital Status:	<input type="checkbox"/> Married	Marital Status:	<input type="checkbox"/> Married
<input type="checkbox"/> Widower	<input type="checkbox"/> Separated	<input type="checkbox"/> Widower	<input type="checkbox"/> Separated
<input type="checkbox"/> Divorced	<input type="checkbox"/> Remarried	<input type="checkbox"/> Divorced	<input type="checkbox"/> Remarried

<input type="checkbox"/> The child lives with this person.	<input type="checkbox"/> The child lives with this person.
<input type="checkbox"/> The child can be released to this person.	<input type="checkbox"/> The child can be released to this person.
<input type="checkbox"/> This person has custody of this child.	<input type="checkbox"/> This person has custody of this child.

Email address: \_\_\_\_\_

What other person(s) has permission to remove my child from School? Please list:

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

How would you describe your child's personality? \_\_\_\_\_  
\_\_\_\_\_

What are your child's interests and favorite activities? \_\_\_\_\_  
\_\_\_\_\_

Is your child involved in any classes or group activities? Please list: \_\_\_\_\_  
\_\_\_\_\_

What methods of behavior control / discipline are used in your home? \_\_\_\_\_  
\_\_\_\_\_

Please indicate one of the following:

- I am paying my child's tuition in full. (Check Enclosed)
- I will make monthly payments. (First Month Enclosed)