



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

PRESCHOOL ENROLLMENT SIGNATURES

By my signature below, I/We affirm the following:

It is my desire to place my child, _____, in the Tomah Baptist Academy Preschool. To the best of my knowledge, all information given is current and correct.

I have received and read a copy of the Tomah Baptist Academy Handbook and agree to abide by its policies.

I agree to be responsible for the full and timely payment of tuition and fees relating to the cost of my child's care at Tomah Baptist Academy Preschool.

I have enclosed the following forms needed for enrollment:

- Completed Preschool Student Application
- Current Immunization Record
- Copy of my child's Birth Certificate.
- Insurance and Emergency Medical Treatment

I give permission, in the case of an emergency, to the staff of Tomah Baptist Academy to seek medical treatment for my child at a local medical facility.

I give permission to the staff of Tomah Baptist Academy to transport my child to and from extracurricular events in School Vehicles. When necessary, I will provide a car seat for my child.

I give permission for photographs of my child to be used in the promotion of Tomah Baptist Academy. This includes but is not limited to the Brochure, Yearbook, Advertisements, or Online on our Website (www.tba.tomahbaptistchurch.com).

Father/Legal Guardian (print)

Mother/Legal Guardian (print)

Father/Legal Guardian (signature/date)

Mother/Legal Guardian (signature/date)

Witness (signature/date)