

Tree of Life Learning Academy
A Ministry of First Baptist Church
204 S. Walnut
Pearsall, Texas 78061

Student Registration Form

The Tree of Life Learning Academy will be referred to as TOLLA in this document.

Please read carefully and complete ALL information:

1. Complete the **Student Medical Form** for each student.
2. Submit a **copy of your child's birth certificate and immunization record**.
3. Sign and return all forms that require a signature.
4. Submit cash or check for the **non-refundable enrollment fee**, with the Student Registration Form.
5. **Tuition payments are due the first of each month. A \$25 late fee will be assessed for payments received after the 10th of each month.** We do not receive ANY government funding. The Academy depends on your faithfulness.
6. Anyone enrolling students in TOLLA must go through an interview with the Director.

We look forward to working with you and your student this year. If you have any questions, call 830-505-7655, or email treeoflifelearningacademy@yahoo.com .

Verification of Information

The information on this form is true and accurate. I understand that falsification of information to achieve enrollment may be cause for revocation of the student's enrollment.

I understand that as a Christian institution TOLLA will not tolerate profanity, obscenity in word or deed, dishonoring of God and His Word, or disrespect to personnel of the school.

I understand that TOLLA reserves the right to dismiss any student who fails to comply with the established regulations and discipline or whose financial obligations remain unpaid.

I agree to supply TOLLA will all requested current legal documents defining limited access to a student's records, including but not limited to 'release of information forms' from previous schools and counselors.

I agree to give my student permission to participate in all activities of TOLLA, including P.E./recreation.

I have read and agree with the Student/Parent Handbook of TOLLA. I agree that my child will abide by all policies, rules, and regulations of TOLLA.

I also absolve TOLLA and First Baptist Church Pearsall from all liability to me or my child due to any injury to my child while at The Academy.

Father's/Guardian Signature	Date	Mother's/Guardian Signature	Date
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Office use only: Date received: _____ initials of person receiving document _____

Tree of Life Learning Academy

Student Registration Form

Enrolling for school year 2024-2025

Today's Date _____

Student's Full Name: _____ SSN# _____ - _____ - _____

Home Address: _____ City _____ State _____ Zip _____

Mailing Address: _____ City _____ State _____ Zip _____

Telephone number: _____ Family email _____

Age _____ Sex _____ Birth Date _____ Last Grade Completed _____

Is the student a U.S. Citizen? _____ If no, please explain _____

STUDENT LIVES WITH: Both Parents Father Only Mother Only Grandparents Guardian

Parent/Guardian Information

Father's Name _____ Telephone number _____ work cell

Employment: _____

Mother's Name _____ Telephone number _____ work cell

Employment: _____

Marital Status: _____

General Information

Video security cameras are used in our buildings and property.

Consent for student's picture/video to be taken: Yes No

Consent for student's picture/video to be taken for news release: Yes No

I wish to become a parent volunteer: Yes No

Permission for my phone number to be given to parent support group for projects: Yes No

Emergency Contacts

If I cannot be reached or I am unavailable to pick up my student, I give permission to release my child to:

#1 Name _____ Relationship _____ Phone () _____

#2 Name _____ Relationship _____ Phone () _____

#3 Name _____ Relationship _____ Phone () _____

Tree of Life Learning Academy

Academic Information

Name of School Last Attended: _____

Has the student ever been under disciplinary action (suspension/expulsion/etc.) or refused admission at another school? Yes No When? _____

Reason: _____

Does the student have a juvenile or arrest record? yes no

Explain: _____

Has the student ever failed an academic subject in school? yes no

Explain: _____

How did you hear about Tree of Life Learning Academy?

Reason for selecting Tree of Life Learning Academy:

Student Information

Are you a *member* of a church? yes no If yes, where? _____

Describe your personal relationship with Jesus Christ.

Do you accept the Bible as God's Word and the authority on how to live and conduct oneself? _____

What type of music do you listen to? _____

Describe your relationship with your parents. _____

Why do you want to attend Tree of Life Learning Academy? _____

If accepted to Tree of Life Learning Academy, I agree to read the student/parent handbook and commit to follow the rules with a respectful attitude. I agree to conduct myself in an attitude and behavior at school and elsewhere in a manner that would honor God and the principles taught at this school.

Student's Signature _____ Date _____

Parent(s)/Guardian(s) Signature _____ Date _____

Tree of Life Learning Academy

Student Medical Form

List any medical conditions your student has: (such as asthma, diabetes, seizures etc.) _____

Does your student have allergies? (food, medications, insects, etc.) O yes O no

Please list, along with reaction:

TOLLA will make every effort to notify parents in the case of injury that requires professional medical attention. Please choose the statement below that best describes how you wish to be notified for incidents not requiring professional medical attention.

___ Notify me by phone for injuries other than minor scuffs, falls, and scratches.

___ Notify me by phone of any injury no matter how minor.

The best number to reach me is _____

* If my child needs medications, I will send the original container and fill out a form with instructions, to be left with the Director.

I hereby give consent for emergency medical treatment (determined by the Director or designee) if I as the parent/guardian cannot be reached when my child is in the care of the Academy.

I hereby authorize TOLLA to take my child to:

Doctor	Address	Telephone #
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Doctor/Clinic/Hospital	Address	Telephone #
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_____	_____	_____	_____
Father's/Guardian Signature	Date	Mother's/Guardian Signature	Date

Office use only: Date received: _____ initials of person receiving document _____

Tree of Life Learning Academy

Financial Contract

Student: _____

Grade: _____

Non-refundable enrollment fee: \$400 Pre-K- 12th

Monthly Tuition:

Pre-K tuition fee: \$400 monthly (Full-day program) (\$375 each if more than one child)

(8-3:00 Monday through Thursday and 8-12 on Friday)

Kindergarten – 6th grade tuition fee: \$400 monthly (\$375 each if more than one child)

(8-3:00 Monday through Thursday and 8-12 on Friday)

Tuition will be due and payable in **10** monthly payments of **\$ 400** with the first payment due on **August 1, 2024**. I understand that there are 175 days of Academics at a rate of \$22.85 a day which equals \$4000 for the 10 months. **I further understand that although some months have less days than others, we are paying for 174 days of instruction therefore tuition will be the same every month August through May.**

I understand that if my child is **withdrawn or dismissed** from TOLLA for any reason after the 5th of any month I will be responsible for said month's tuition and fees. **All tuition will be due on the first of each month and considered past due after the tenth of each month. Balances remaining unpaid after the tenth of each month will be assessed a service charge of \$25.**

TOLLA reserves the right to use funds as deemed necessary or appropriate. Any financial exception given to any student or family is exclusive to said student or family.

I hereby pledge to pay my financial obligations to the school on the date due and understand that if my account is thirty days past due my child may be subject to dismissal from TOLLA.

Father's/Guardian Signature

Date

Mother's/Guardian Signature

Date

Office use only: Date received: _____ initials of person receiving document _____