

Baymonte Preschools Request For Admittance

Student Information:

Name of Student _____ Date of Application _____

Birthday _____ Male Female

Student's Permanent Address _____

City _____ State _____ Zip Code _____

Parent Information:

Father _____ Phone _____ Cell _____ Email _____

Mother _____ Phone _____ Cell _____ Email _____

Father's Employer _____ Mother's Employer _____

Mailing address if different from above _____

List any previous preschool or daycare your child has attended:

School _____ Date Attended _____

Reason for change _____

Is your child toilet trained? Yes No

What are your child's interests in preschool? _____

What is your main reason for sending your child to Baymonte Christian Preschool? _____

Granite Creek Road Campus



- M – F am All Day
- MWF am All Day
- TTh am All Day

Desired Admission:

- Summer Fall

Date _____

Scotts Valley Drive Campus



- MWF am (4 – 5 yr olds)
- TTH am (3 – 4 yr olds)
- MWF pm (pre-k)

Desired Admission:

- Summer Fall

Date _____

Bethany Drive Campus (ECLC)



- M – F am All Day
- 3 Days am All Day
- 2 Days am All Day

Desired Admission:

- Summer Fall

Date _____

Please choose the campus that best suits your student's needs and indicate your first and second choices.