

# 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	Scotts Valley Drive Campus	Bethany Drive Campus (ECLC)
		
<input type="checkbox"/> M – F am All Day <input type="checkbox"/> <input type="checkbox"/> MWF am All Day <input type="checkbox"/> <input type="checkbox"/> TTh am All Day <input type="checkbox"/>	<input type="checkbox"/> MWF am (4 – 5 yr olds) <input type="checkbox"/> TTH am (3 – 4 yr olds) <input type="checkbox"/> MWF pm (pre-k)	<input type="checkbox"/> M – F am All Day <input type="checkbox"/> <input type="checkbox"/> 3 Days am All Day <input type="checkbox"/> <input type="checkbox"/> 2 Days am All Day <input type="checkbox"/>
Desired Admission: <input type="checkbox"/> Summer <input type="checkbox"/> Fall	Desired Admission: <input type="checkbox"/> Summer <input type="checkbox"/> Fall	Desired Admission: <input type="checkbox"/> Summer <input type="checkbox"/> Fall
Date _____	Date _____	Date _____

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