

# Baymonte Christian School Infant & Toddler Center Admission Request

## Child's Information:

Child's Name \_\_\_\_\_ Date of Application \_\_\_\_\_

Birthday \_\_\_\_\_  Male  Female

Child's Permanent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## Parent Information:

Father \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Mother \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Mailing address if different from above \_\_\_\_\_

List any previous childcare center experience your child has had:

\_\_\_\_\_

Facility \_\_\_\_\_ Date Attended \_\_\_\_\_

Reason for change \_\_\_\_\_

What is your main reason for choosing Baymonte Christian School Infant/Toddler Center?

\_\_\_\_\_

## Infant Program

- 5 Full Days
- 3 Full Days
- 2 Full Days

Scheduled Hours \_\_\_\_\_

Desired Start Date: \_\_\_\_\_

## Toddler Program

- 5 Full Days
- 3 Full Days
- 2 Full Days

Scheduled Hours \_\_\_\_\_

Desired Start Date: \_\_\_\_\_