

Baymonte Christian Preschools

Admission Request

Student Information:

Student's Name _____ Date of Application _____

Birthdate _____ Male Female

Student's Permanent Address _____

City _____ State _____ Zip Code _____

Parent Information:

Father _____ Phone _____

Email _____

Mother _____ Phone _____

Email _____

Mailing address if different from above _____

List any previous preschool or childcare center experience your child has had:

School _____ Date Attended _____

Reason for change _____

Is your child toilet trained? Yes No

What are you child's interests? _____

What is your main reason for choosing Baymonte Christian Preschools?

Granite Creek Road Campus

M-F AM All Day
M/W/F AM All Day
T/TH AM All Day

Summer Program
 Fall Program

Desired Start Date:

Scotts Valley Drive Campus

M/W/F AM (4-5 yr olds)
T/TH AM (3-4 yr olds)

Fall Program

Desired Start Date:

Bethany Drive Campus

M-F AM All Day
M/W/F AM All Day
T/Th AM All Day

Summer Program
 Fall Program

Desired Start Date:
