

BAYMONTE CHRISTIAN SCHOOL 5000 B Granite Creek Rd. Scotts Valley, Ca. 95066 (831) 438-0100

PRESCHOOL ADMISSION APPLICATION

TO THE PARE	ENTS OR GUAF	RDIAN:	Date:			
The following insure accura-		needed for the	school records and	d is being asked f	or in this way in order to	
Student's F	ull Name:	Last	First	Middle	Date of Birth	
Present Add	dress					
Email Address			Email Address			
Marital Statu Single	ıs of Parents:	[] Together	[] Divorced [] S	eparated [] Ren	narried [] Widowed []	
Name of Father or Guardian:			Cell Phone			
Employer			Business Phone			
Name of Mo	other or Gua	rdian:		Cell P	hone	
Employer			Business Phone			
In case of ser	rious illness or i	njury at school	and you cannot be	e reached, whom	may we call?	
(1) A	responsible re	lative or friend?	P			
_			Name		Phone Number	
	our family hysician?					
_			Doctor's Name i	n full	Phone Number	
	f not available, hysician?	another				
_			Doctor's Name		Phone Number	
	our family entist?					
_			Dentist's Name i	n full	Phone Number	
(5) V	Vho will assume	e responsibility	for payment of ph	ysician's or hospit	al care?	

NOTE: REVERSE SIDE MUST BE READ AND SIGNED BEFORE THIS APPLICATION IS COMPLETE.

Financial Agreement

I understand that:

- The *non-refundable* annual registration fee of \$150.00 per year is due upon notice of acceptance.
- Tuition is a yearly rate that is divided into equal monthly payments for convenience and not based on the actual number of days that are used in a month.
- Mid-year enrollment will be prorated by the financial department based on start date which may affect the monthly rate.
- Payments are due on the 15th of the month *preceding* service and must be received by the close of business on the 25th of the month to avoid a late fee of \$25.00. If I become 30 days overdue I understand that my child will not be permitted to attend school until my account is paid. A monthly email is sent prior to the 15th of each month as a reminder. Online account information is available at www.gradelink.com.
- A 10% sibling discount is applied to the second child's tuition (applied to the lower tuition amount if different).
- The first month's tuition is non-refundable. Subsequently, a 30-day notice must be given for all
 withdrawals. Upon withdrawal, any eligible refund will be issued within two weeks of the last day
 of attendance.
- Tuition remains the same each month regardless of holidays, illness or absence for personal reasons. There are no additional supplementary services or fees. I understand that make-up days are not allowed.
- A minimum 30-day notice will be given in the event of a rate change.
- A late pick-up fee will be assessed at the rate of \$1 per minute for every minute a child remains past 4:30pm.
- A Program Schedule Change Fee of \$50 may be assessed for mid-year schedule changes.

I verify that I have received and read the Parent Handbook. I have read, understood, and agree to follow all guidelines of Baymonte Christian Preschool as specified in this agreement.								
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Director's Signature	Date	Parent's Signature	Date					

We do not discriminate on the basis of ethnic origin, gender or disability.

Baymonte Christian School 5000-B Granite Creek Rd., Scotts Valley, CA 95066 831.438.0100

www.baymonte.org

Two campuses to serve you: Granite Creek- 5000-B Granite Creek Rd. Early Learning Center- 570 Bethany Dr.