



## Baymonte Christian Preschools - Admission Request

### Student Information:

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

Birthday \_\_\_\_\_ ☐ 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 your child's interests? \_\_\_\_\_

What is your main reason for choosing Baymonte Christian Preschools?

\_\_\_\_\_

### Granite Creek Road Campus

### Bethany Drive Campus

M-F	<input type="checkbox"/> AM <input type="checkbox"/> All Day	<input type="checkbox"/> Desired Start Date:	M-F	<input type="checkbox"/> AM <input type="checkbox"/> All Day	<input type="checkbox"/> Desired Start Date:
M/W/F	<input type="checkbox"/> AM <input type="checkbox"/> All Day		M/W/F	<input type="checkbox"/> AM <input type="checkbox"/> All Day	
T/TH	<input type="checkbox"/> AM <input type="checkbox"/> All Day		T/TH	<input type="checkbox"/> AM <input type="checkbox"/> All Day	