



APPLICATION FOR ADMITTANCE

STUDENT INFORMATION:

Date of Application _____
 Name of Student _____
 Student's Permanent Address _____
 City _____ State _____ Zip Code _____
 Telephone _____ Birthday _____
 Place of Birth _____

PARENT'S NAMES:

Father _____ Phone _____
 Mother _____ Phone _____

Mailing address if different from above:

PRESCHOOL BACKGROUND:

List any previous preschool or daycare your child has attended:

School _____ Date Attended _____
 Reason for change _____

Is your child toilet trained? Yes No

My child needs help with: Dressing Undressing Washing hands Toilet Eating

Was the applicant ever dropped from a preschool? _____ Why? _____

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*

Program Preference

M F AM AD

MWF AM AD

T Th AM AD

Desired Admission
Date _____

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

*SCOTT'S VALLEY DRIVE
CAMPUS*

Program Preference

MWF AM 4 5 yr old

T Th AM 3 4 yr old

MWF PM Pre K

Desired Admission
Date _____