

Abiding Presence Pre-School

1550 Walton Blvd, Rochester Hills, Mich 48309

Phone: 248-678-2752 Fax: 248-651-8312

2007-2008 REGISTRATION FORM

Child's Name _____

Date of Birth _____

Parent's Names _____

Address _____

Street

city

zip

Home Phone _____ Cell Phone _____

Email: _____

I would like my child registered for the 2007-2008 school year in the 3 year old class. I understand the class may be full and I may have to take my second choice. I will be placed on an immediate wait list for my first choice if this does occur.

3 YEAR OLDS

FIRST CHOICE

SECOND CHOICE

M-W A.M. _____

T-TH A.M. _____

M-W P.M. _____

T-TH P.M. _____

Please check the appropriate box:

___ I am a returning parent and have previously paid the \$75 non-refundable registration fee.

___ I am a new parent and am currently paying the \$75 non-refundable registration fee.

Signature _____ Date _____