

# 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 4 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.

4 YEAR OLDS

FIRST CHOICE

SECOND CHOICE

M-W-F A.M. \_\_\_\_\_

\_\_\_\_\_

T-TH-F A.M. \_\_\_\_\_

\_\_\_\_\_

M-W-F P.M. \_\_\_\_\_

\_\_\_\_\_

T-TH-F 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 \_\_\_\_\_