

Abiding Presence Pre-School

1550 Walton Blvd, Rochester Hills, Mich 48309

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

2007-2008 BEGI NDERGARTEN 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 Begindergarten class.

Begindergarten Class meets Monday - Friday in the morning and is limited to 12 students so register soon.

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 _____