CIRCLE OF LOVE
2026-27 SIBLING ENROLLMENT FORM
Website: FLCOL.ORG

Please Print Clearly

For Office Use Only:
Registration: _____
Deposit: _____
Paid: _____
Check #: _____
☐QB ☐R ☐Dir _____

CHILD'S INFORMATION

Name of Child: _____ Gender: M F
(PLEASE CIRCLE)

Age (as of September) _____ Date of Birth: _____

Address: _____

City: _____ Zip code: _____

PARENT INFORMATION

Mother's Name:	**Father's name:**
Phone (Home)	Phone (Home)
(Cell)	(Cell)
(Work)	(Work)
Email:	Email:

SCHEDULE

☐ **PRESCHOOL:** (Please circle your desired days and times)

Preferred: M TU W TH F HALF DAY 9:00am-12:30pm FULL DAY 7:30am-5:30pm

2nd Choice: M TU W TH F HALF DAY 9:00am-12:30pm FULL DAY 7:30am-5:30pm

☐ **TRANSITIONAL KINDERGARTEN:** HALF DAY 9:00am-12:30pm **or** HALF DAY w/DAYCARE 7:30am-5:30pm

Offered Monday thru Friday for children who turn 5 years of age by January 2026.

_____ _____
Parent Signature Date

By submitting this enrollment form, you are officially registered at Circle of Love Preschool for the 26-27 school year. Unless you hear otherwise from the COL Director, you will receive your Preferred Schedule circled above.