



2026-27 CIRCLE OF LOVE ENROLLMENT FORM

Website: FLCOL.ORG

Please Print Clearly

For Office Use Only:

Registration: _____

Deposit: _____

Paid: _____

Check #: _____

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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

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TRANSITIONAL KINDERGARTEN: HALF DAY **or** HALF DAY w/DAYCARE
9:00am-12:30pm 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 25-26 school year.
Unless you hear otherwise from the COL Director, you will receive your Preferred Schedule circled above.*