



CIRCLE OF LOVE
APPLICATION FORM
Website: circleoflovemb.org

For Office Use Only:

Registration: _____
Deposit: _____
Paid: _____
Check #: _____
QB R Dir _____

Please Print Clearly

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 PREFERENCES

PRESCHOOL: (Please circle your desired days and times)

1 st choice:	M TU W TH F	HALF DAY 9:00am-12:30pm	FULL DAY 7:30am-5:30pm
2 nd choice:	M TU W TH F	HALF DAY 9:00am-12:30pm	FULL DAY 7:30am-5:30pm
3 rd 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 in August, September, October, and November. Exceptions may be considered at the discretion of the director. Choose either Half Day or Half Day with Daycare.

Parent Signature

Date