



# CIRCLE OF LOVE ENROLLMENT FORM SUMMER 2024

For Office Use Only

- QB
- Roster
- Sign-In

Student's First & Last Name: \_\_\_\_\_ Current Class: \_\_\_\_\_

Parent's Names: \_\_\_\_\_

Address: \_\_\_\_\_

## SUMMER SCHEDULE PREFERENCES

**SUMMER SESSION:  
July 8th - August 21st**

**Form Due Date:  
Friday, May 3rd**

**Plans for JULY:** (Please mark an "X" next to your preference)

\_\_\_ **July Schedule request:**

\_\_\_ Mon \_\_\_ Tues \_\_\_ Wed. \_\_\_ Thurs \_\_\_ Fri

\_\_\_ Half Day (9:00-12:30)

\_\_\_ Full Day (7:30-5:30)

\_\_\_ **My child will not attend during the month of July\***

\_\_\_ **Summer Bridge Program** (Only applicable for Current Pre-K students who are entering Kindergarten in the Fall.)

**Plans for AUGUST:** (Please mark an "X" next to your preference)

\_\_\_ **August Schedule request:**

\_\_\_ Mon \_\_\_ Tues \_\_\_ Wed. \_\_\_ Thurs \_\_\_ Fri

\_\_\_ Half Day (9:00-12:30)

\_\_\_ Full Day (7:30-5:30)

\_\_\_ **My child will not attend during the month of August\***

\_\_\_ **Summer Bridge Program** (Only applicable for Current Pre-K students who are entering Kindergarten in the Fall.)

**\* As stated in the Payment and Attendance Policy:**

*I understand that a minimum of half the tuition of my child's current schedule must be made for July and August in order to hold my child's space at Circle of Love for September. If I fail to make these payments on time or in advance, I understand I will have to re-enroll my child in September, if a spot is available.*

Parent Signature/Type Name: \_\_\_\_\_ Date: \_\_\_\_\_