



CIRCLE OF LOVE
RE-ENROLLMENT FORM
FALL 20____

For Office Use Only:

Registration: _____

Deposit: _____

Paid: _____

Check #: _____

QB R Dir _____

Name of Child: _____

Date of Birth: _____

Gender: M F (circle one)

M Email: _____

D Email: _____

M Phone No: _____

D Phone No: _____

Parent(s): _____

Full Address: _____

SCHEDULE PREFERENCES

PRESCHOOL

(Please circle your desired days and times)

1st choice: M TU W TH F 9-12:30 FULL DAYS

2nd choice: M TU W TH F 9-12:30 FULL DAYS

3rd choice: M TU W TH F 9-12:30 FULL DAYS

TRANSITIONAL KINDERGARTEN

Offered Monday thru Friday for either a Half Day (9:00am - 12:30pm) or Half Day with Daycare (7:30am - 5:30pm). TK is for children who turn 5 years of age in August, September, October, and November. Exceptions may be considered at the discretion of the director.

I DO NOT plan to have my child attend Circle of Love in the Fall:

Reason: going to kindergarten

going to another school

moving out of the area

other: _____

Parent Signature: _____ Date: _____