## Virtual Learning Enrollment Form

Shiloh Learning Center \$175/week or \$35/day (FULL DAYS) \$125/week or \$25/day (HALF DAYS)

Student's Information:	
Name:	
DOB:	
Grade:	
School District:	
Do they have an IEP or in Gifted Classes?	
Do they need a computer/tablet?	
How often will they be attending(circle): Full	ll week/all day Full week/half days
Се	ertain days/all day Certain days/half days
What days(circle): Monday Tuesday Wedr	nesday Thursday Friday
Parent's Information:	
Name:	Name:
Phone Number:	Phone Number:
Email:	Email:
Address:	
Additional Information:	
Goals for your child this school year?	
Child's strengths?	
Anything else we need to know? Concerns?	