

Safe Child Early Learning

Virtual Learning Pre-Enrollment Form

Child's First Name: _____
Child's Last Name: _____
Child's Age: _____
Child's Hobbies: _____
Is Child currently enrolled in Pre-K? _____

Name of person applying for child: _____
Relationship to child: _____
City: _____
State: _____
ZIP: _____
Email: _____
Phone: _____
Desired Start Date: _____

Weekly Plans- Choose By Placing An " X "

2 Day Plan..... \$49.50 []

3 Day Plan..... \$74.25 []

4 Day Plan..... \$99.00 []

Email form to: safechildearlylearning123@gmail.com

Note: Invoices are sent on Thursdays and payments are due on Fridays.