



Summer Camp Application

Kindergarten through 5th Grade
2024

7422 Deer Branch Road · Roanoke, VA 24019
Phone 540-563-5140 · Fax 540-563-2557 · www.mylifeacademy.org

Program runs for 11 weeks from Tuesday, May 28th through Friday, August 9th.
Hours are from 7:00 a.m. to 6:00 p.m.
Life Academy will be closed on Monday, May 27th and Thursday, July 4th.

Summer Camp Rate Schedule

Enrollment Fee	
New Student	\$100/family
Returning Student	\$50/family
Summer Camp Students returning for After School will not pay an additional enrollment fee in the fall.	

Full Time	
Activity Fee: (One-Time)	\$250
Weekly Tuition:	\$225/week
Full Time includes 1 vacation week of no attendance and no tuition. Sibling discount of 10% on 2 nd and subsequent children.	

Punch Card	
Punch Card:	\$500
Punch Cards Pay for 10 Days of your choosing and includes the activity fee. You may buy more than one card and they cannot be split or pro-rated. A sibling discount of 10% can be applied to Punch Cards on 2 nd and subsequent children.	

Enrolling in: Full Time (4-5 days, entire summer) Pre-paid Punch Card (ten sporadic visits)

Please designate your one vacation week (full time only):

- May 28 June 3 June 10 June 17 June 24
 July 1 July 8 July 15 July 22 July 29 Aug. 5

**** Please completely fill out every line of application. No "Same as above" or "Same as Child" ****

Child's Information			
Child's Full Name:	(Last)	(First)	(Middle)
Address:	(Street)		
	(City)	(State)	(Zip)
Main Phone:	()	Male/Female:	
Date of Birth:		Grade Completed as of May 2024:	
School Attending Fall 2024:			
Previous After School Program:		T-Shirt Size:	

Parent/Guardian Information		
Custodial Parent/Guardian Name:	(Last)	(First)
Address:	(Street)	
	(City)	(State) (Zip)
Phone:	(Home)	(Cell)
Employer Name:	(Address)	(Phone Number)
Email: (REQUIRED)		

Second Parent/Guardian Information		
Custodial Parent/Guardian Name:	(Last)	(First)
Address:	(Street)	
	(City)	(State) (Zip)
Phone:	(Home)	(Cell)
Employer Name:	(Address)	(Phone Number)
Email: (REQUIRED)		

If parents are divorced or separated, a copy of court ordered custody and/or visitation agreement must be submitted.

Emergency Contacts		
In case of emergency contact the following if parents cannot be reached:		
Name:	Phone:	Address:
Relation:		
Name:	Phone:	Address:
Relation:		
Name:	Phone:	Address:
Relation:		

List of approved persons authorized to pick up child:	
Name:	Phone Number:
Name:	Phone Number:
Name:	Phone Number:

