

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				Punch Car	rd	
Activity Fee: (One-Time)	\$250		Punch Card:	\$500		
Weekly Tuition:	\$225/week		Punch Cards Pay	for 10 Days of	your choosing and	
Full Time includes 1 vacati and no tuition. Sibling discussibles 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):						
N	May 28 June 3	June 10) June 17	June 2	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/G	ıardian İnform	ation			
Custodial Parent/Guardian Name:	(Last)	Occord Tarent O		(First)			
Address:	(Street)						
	(City)				(State)	(Zip)	
Phone:	(Home)			(Cell)		
Employer Name:		(Address)			(Phone Number)		
Email: (REQUIRED)							
If parents are divorced or	sanaratad s	e conv of court orde	red custody and	Norvi	sitation agreement mus	et ha submitted	
ii paronis are aivoroca or	ooparatoa, t	a copy of court order	Tod odolody and	1/ O1 VIC	sitution agreement mad	e bo dabriittoa.	
			cy Contacts				
In case of emergency conta	act the follo		ot 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.			Filone Number	ei.			
Name:	Phor		Phone Number:				
Name:	Р		Phone Number:				

Health Information					
Please list any medical concerns or allergies: (Allergies must also have an action plan filed)					
Any food restrictions (ple	ase denote	parent pre	ference	or religious reasor	ns):
Physician's Name:				Phone Number:	
1 Hydiolan 3 Name.				Thone Humber.	
Insurance Company:					
,					
Copy of birth certificate s	ubmitted	_ Y N	5	Social Security Care	dY N
Immunization records sul	bmitted	YN I	Date of	Record:	<u> </u>
Check All That Apply:					
	My child is	heing treate	ed for an	n injury or sickness a	and/or taking any form of medication.
		cify on back		i injury or sickricss a	ind/or taking any form of medication.
		annot swim.			
	,				
	My child is	physically h	nandicap	ped in a way that pr	events him/her from participating in
	rigorous activity. Please specify on back.				
					ility or other special needs about which
	the staff of	Life Acader	my need	ls to know to better r	neet his/her needs. Please specify.
Church Where Family	(Church Na	ame)			(Pastor)
Attends:	(Onaron No	arrio)			(i dotor)
7					
Person(s) Responsible	(Last)			(First)	
for Tuition:					
If not Parent/Guardian:					
Address:					
(Phone)		(Email) RE	QUIRE	D	(Relationship to child)
How did you hear about Life Academy? FriendWebsiteOther: Name of Friend (if applicable):					
Name of Friend (if applicable):					
I, the undersigned, being the parent or legal guardian of the child named on this application, do hereby consent to the participation of my child in					
any and all field trips (including riding the school vehicles) planned by Life Academy (7422 Deer Branch Road, Roanoke, Virginia) for as long as					
my child is enrolled. I also certify my child is physically fit and adequately trained to participate in such events unless noted above. I understand					
that I will be notified in the case of a medical emergency involving my child; however, in the event that I cannot be reached, I authorize provisions to be made concerning my child's health should he/she become injured or sick. I understand that Life Academy will not be responsible for medical					
expenses incurred, but I will be financially responsible for the treatment. I agree to notify Life Academy verbally and in writing of any changes to					
my child's health status.					
I have read and will comply with the Drocched Handbook and the financial religion stated on the Date Cahadula shave					
I have read and will comply with the Preschool Handbook and the financial policies stated on the Rate Schedule above.					
I hereby grant to Life Academy and to its employees, agents and assigns the right to photograph my dependent and use the photo and/or other					
digital reproduction of him/her or other reproduction of his/her physical likeness for publication processes, whether electronic, print, digital or					
electronic publishing via the interr	iet.				
(Parent/Guardian Signature)				(Date)	

NOTE: A copy of your child's birth certificate, social security card (or notarized social security document), and recent physical exam with immunization records must be on file in the office prior to starting program.