



Preschool Application

6 weeks – Pre-K 4's
2023-2024

7422 Deer Branch Road · Roanoke, VA 24019

Phone 540-563-5140 · Fax 540-563-2557 · www.mylifeacademy.org

Enrollment Year July 1, 2023 – June 30, 2024

Please refer to handbook and program calendar for closure dates and contract specifications.

Preschool Rate Schedule

| Enrollment Fee | |
|-------------------|--------------|
| New Student | \$100/family |
| Returning Student | \$50/family |

Requested Start Date:

| Program Selection: | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| Infants/Ones Full Time Only - \$280/week | Two's | Three's & Four's Preschool |
| <input type="checkbox"/> Infant 1 (6 weeks-8 months) <input type="checkbox"/> Infant 2 (6 months-12 months) <input type="checkbox"/> Little Ones (12-16 months) <input type="checkbox"/> Ones (16-24 months) | <input type="checkbox"/> Part Time (2-3 days) \$195/week <input type="checkbox"/> Full Time (4-5 days) \$240/week | <input type="checkbox"/> Part Time (2-3 days) \$180/week <input type="checkbox"/> Full Time (4-5 days) \$225/week |

**** 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: | () | Gender: (Circle One) Male / Female | Date of Birth: |
| Previous Childcare: | | | |

| 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 can not 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: |

| Health Information | |
|-------------------------------------------------------------------------------------------------------|----------------------|
| Please list any medical concerns or allergies: (Allergies must also have an action plan filed) | |
| Any food restrictions (please denote parent preference or religious reasons): | |
| Physician's Name: | Phone Number: |
| Insurance Company: | |
| Copy of birth certificate submitted ___ Y ___ N Social Security Card ___ Y ___ N | |
| Immunization records submitted ___ Y ___ N Date of Record: _____ | |

