



Summer Camp Application

Kindergarten through 5th Grade
2025

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

Program runs for 10 weeks from Monday, June 2nd through Friday, August 8th.
Hours are from 7:00 a.m. to 6:00 p.m.
Life Academy will be closed on Monday, May 26th and Friday, 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):

- June 2 June 9 June 16 June 23 June 30
 July 7 July 14 July 21 July 28 Aug. 4

**** 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 2025:	
School Attending Fall 2025:			
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:

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: _____
Check All That Apply:	
<input type="checkbox"/>	My child is being treated for an injury or sickness and/or taking any form of medication. Please specify on back.
<input type="checkbox"/>	My child cannot swim.
<input type="checkbox"/>	My child is physically handicapped in a way that prevents him/her from participating in rigorous activity. Please specify on back.
<input type="checkbox"/>	My child has been diagnosed with a learning disability or other special needs about which the staff of Life Academy needs to know to better meet his/her needs. Please specify.

Church Where Family Attends:	(Church Name)	(Pastor)
-------------------------------------	---------------	----------

Person(s) Responsible for Tuition: If not Parent/Guardian:	(Last)	(First)
Address:		
(Phone)	(Email) REQUIRED	(Relationship to child)

How did you hear about Life Academy? ___ Friend ___ Website ___ Other: _____
 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 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 internet.

 (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.