



After-School Application

Grades K-5th
2024-2025

7422 Deer Branch Road · Roanoke, VA 24019

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

Roanoke County School Year: Thursday, August 15th, 2024 through Thursday, May 29th, 2025.
Please refer to handbook and program calendar for closure dates and contract specifications.

After-School Rate Schedule

No re-enrollment fee if currently enrolled in Summer Camp or Kiddie Camp

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

| Program Selection: | | |
|--|--|---|
| <input type="checkbox"/> Full Time 4-5 Days/week \$115/week | <input type="checkbox"/> Part Time 2-3 Days/week \$95/ week | <input type="checkbox"/> Drop-In \$50 per afternoon <small>*will be billed part time or full time if attending more than 1 day in the same week.</small> |

*All Day After School Care is available on days that Roanoke County Schools are closed and Life Academy is open for an additional \$20/day

**** 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: | | | |
| School Attending: | | Grade Level: | |
| <i>Transportation is available from Burlington, Mountain View, Glen Cove, and WE Cundiff Elementary Schools. Students attending other schools will need to have their own transportation to Life Academy.</i> | | | |

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

| 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: _____ |

