



After School Application

2016/2017

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

Enrolling In: 4-5 days per week 2-3 days per week Drop-In

Projected Start Date: _____ K-5th school in which student is enrolled: _____ Grade: _____

Child's Information

Child's Full Name:	(Last)	(First)	(Middle)
Address:	(Street)		
	(City)	(State)	(Zip)
Phone:	()	Male/Female:	
Date of Birth:			
Previous After School Program:			

Parent/Guardian Information

Person(s) Responsible for Tuition:	(Last)	(First)	
If Other than Parent:	(Phone)	(Email)	(Relationship to Child)
Parent/Guardian Name:	(Last)	(First)	
Address:	(Street)		
	(City)	(State)	(Zip)
Phone:	(Home)	(Work)	(Cell)
Employer:			
Email: *Required			
Parent/Guardian Name:	(Last)	(First)	
Address:	(Street)		
	(City)	(State)	(Zip)
Phone:	(Home)	(Work)	(Cell)
Employer:			
Email:			
Church Where Family Attends:	(Pastor)		

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

All Authorized Persons Allowed To Pick Up Your Child

Name:		Phone:	
Name:		Phone:	
Name:		Phone:	
Name:		Phone:	

Medical Information

Name of closest relative not living with child (Cannot be a parent)			
Address:	(Street)		
	(City)	(State)	(Zip)
Phone:	(Home)	(Work)	(Cell)
Allergies/Restricted Diet or other special instructions:			
Physician's Name:			Phone:
Insurance Co:			
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.		
<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.		
<input type="checkbox"/>	My child has been diagnosed with a disability or other special needs that the staff of Life Academy needs to know about. Please specify.		

How did you hear about Life Academy?

Billboard
 Friend
 Website
 Referred By: _____
 Other: _____

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 van/bus) 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 After School Handbook (available on the school website) and the financial policies stated on the After School Rate Schedule.

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, immunization records, social security card (or notarized social security document), and recent physical exam must be on file in the office prior to starting program.