Preschool Application

6 weeks – Pre-K 4's
2024-2025

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

Enrollment Year July 1, 2024 – June 30, 2025
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 - $300/week ☐ Infant 1 (6 weeks-8 months) ☐ Infant 2 (6 months-12 months ☐ Little Ones (12-16 months) ☐ Ones (16-24 months)	**Two's** ☐ Part Time (2-3 days) $200/week ☐ Full Time (4-5 days) $250/week	**Three's & Four's Preschool** ☐ Part Time (2-3 days) $190/week ☐ Full Time (4-5 days) $235/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: Relation:	Phone:	Address:
Name: Relation:	Phone:	Address:
Name: Relation:	Phone:	Address:

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:	
	My child is being treated for an injury or sickness and/or taking any form of medication. Please specify on back.
	My child cannot swim.
	My child is physically handicapped in a way that prevents him/her from participating in rigorous activity. Please specify on back.
	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 spirit in which it was written. I will abide by the financial policies stated on the Rate Schedule above and listed in the Handbook and any changes or adjustments that need to be made by the Leadership Team of Life Academy.

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.