



The Light Academy

479 Cunningham Rd.
Palmyra, Virginia 22963
434-806-2903/434-842-2222
www.thelightacademy.com

For Office Use Only

Date Received: _____

Registration Fee: _____

2026 SUMMER PROGRAM Registration Form

First Student's Full Legal Name: _____

Preferred Name: _____ Date of Birth: _____

Gender: _____ Grade Entering: _____

Allergies or Medical Concerns: _____

Second Student's Full Legal Name: _____

Preferred Name: _____ Date of Birth: _____

Gender: _____ Grade Entering: _____

Allergies or Medical Concerns: _____

Third Student's Full Legal Name: _____

Preferred Name: _____ Date of Birth: _____

Gender: _____ Grade Entering: _____

Allergies or Medical Concerns: _____

Student(s) live with:

____ Mother ____ Father ____ Other(Please Specify) _____

Religious Denomination: _____ Church attending: _____

Parent/Guardian Information – Father (please print)

Name: _____ Home/Cell Number: _____

Home Address: _____

Mailing Address (if different): _____

Place of Employment: _____

Address of Place of Employment: _____

Work Number: _____ May we send you texts? ____yes ____no

Email: _____

Student(s) last name: _____

Parent/Guardian Information – Mother (please print)

Name: _____ Home/Cell Number: _____

Mailing Address: _____

Place of Employment: _____

Address of Place of Employment: _____

Work Number: _____ May we send you texts? ____yes ____no

Email: _____

Please list **emergency contact persons** who are authorized to pick up your child in the event we are unable to reach the parent/guardian(s) above:

Name: _____ Phone Number: _____

Relationship to the student(s): _____

Address: _____

Name: _____ Phone Number: _____

Relationship to the student(s): _____

Address: _____

Other people who are authorized to pick up your child from SUMMER PROGRAM: (for playdates, transportation, etc.)

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

Physician: _____ **Physician's Office Number:** _____

In the event of an emergency, I authorize a staff member of The Light Academy to seek medical attention for my child(ren).

_____ Date: _____

Parent/guardian signature

Parent/guardian name printed

Does your child have an Individual Education Plan (IEP), Individual Service Plan (ISP), or a 504 Plan?

_____ yes _____no

Please list any additional information about your child(ren) that would help us as we work with your child(ren):

Student(s) last name: _____

- **We offer two schedules for SUMMER PROGRAM – 3 days \$93 per child (specify which 3 days) OR 5 days \$155 per child (Monday – Friday).**
- SUMMER PROGRAM starts for preschoolers on Monday, May 18, 2026, and it starts for school students on Thursday, May 21, 2026. Summer Program ends on Friday, July 31, 2026. We will be closed on May 25 for Memorial Day and June 19 for Juneteenth.
- **A registration fee of \$75 per child** must be submitted with the registration form **along with a copy of birth certificate and immunization records or notarized waiver form** unless we already have one on file for your child(ren).
- Hours are 7:00 AM – 6:15 PM. Drop off and pick up anytime between those hours.
- **Parents must pre-pay for the week their child(ren) is attending.**

Please select the weeks your child will be attending. A billing statement will be emailed the Friday before the week(s) you select. **Payment for the week(s) your child(ren) is attending must be paid by Monday of that week.**

_____ May 18 – 22 preschool only

_____ May 21 – 22 School age is prorated for two days \$62 since the last day of school is
May 20.

_____ May 26 - 29 Summer Program is closed 5/25 for Memorial Day. – prorated \$124 for 4
days, \$93 for 3 days, or \$62 for 2 days

_____ June 1 - 5

_____ June 8 - 12

_____ June 15 – 18 Summer Program is closed on 6/19 for Juneteenth - prorated \$124 for 4
days, \$93 for 3 days, or \$62 for 2 days

_____ June 22 – 26

_____ June 29 - July 3

_____ July 6 - 10

_____ July 13 - 17

_____ July 20 – 24

_____ July 27 – 31

Once we have processed your Summer Program registration form, you will receive an email with additional information. For any questions, please contact Joyce Parr, M.Ed., Principal 434-842-2222 or 434-806-2903.