



# The Light Academy

479 Cunningham Rd.  
Palmyra, Virginia 22963  
434-806-2903 / 434-842-2222  
[www.thelightacademy.com](http://www.thelightacademy.com)

*For Office Use Only*

Date received: \_\_\_\_\_

Registration fee: \_\_\_\_\_

## 2026 - 2027 PRESCHOOL Registration Form

First Child's Full Legal Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

Which class are you enrolling your child?

Please check one: \_\_\_\_\_ 3 year old class \_\_\_\_\_ Pre-Kindergarten class (must be 4 by Sept. 30)

Allergies or Medical Concerns: \_\_\_\_\_

Second Child's Full Legal Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

Which class are you enrolling your child?

Please check one: \_\_\_\_\_ 3 year old class \_\_\_\_\_ Pre-Kindergarten class (must be 4 by Sept. 30)

Allergies or Medical Concerns: \_\_\_\_\_

Third Child's Full Legal Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

Which class are you enrolling your child?

Please check one: \_\_\_\_\_ 3 year old class \_\_\_\_\_ Pre-Kindergarten class (must be 4 by Sept. 30)

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): \_\_\_\_\_

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Work Number: \_\_\_\_\_ May we send you texts? \_\_\_\_\_ yes \_\_\_\_\_ no

Email: \_\_\_\_\_

Child(ren)'s last name: \_\_\_\_\_

**Parent/Guardian Information – Mother (please print)**

Name: \_\_\_\_\_ Home/Cell Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Work Number: \_\_\_\_\_ May we send you texts? \_\_\_\_yes \_\_\_\_no

Email: \_\_\_\_\_

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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: \_\_\_\_\_

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

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

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**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).

\_\_\_\_\_  
Parent/guardian signature Date: \_\_\_\_\_

\_\_\_\_\_  
Parent/guardian name printed

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child(ren)'s last name: \_\_\_\_\_

- Preschool tuition is for the fall/spring session beginning in August and ending in May. The 2026-2027 school/preschool calendar has not yet been determined.
- Parents/Guardians have the option of paying tuition in full by the first day of preschool to receive a 4% discount or the option to pay tuition in 9 monthly payments (August – April).
- There is a 20% sibling discount.
- A non-refundable registration fee of \$75 per preschooler must be submitted with the registration form.
- To complete enrollment, we will need to make a photocopy of your child(ren)'s birth certificate, immunization records, or notarized waiver form.
- Children enrolled in the Three Year Old class must be 3 years old, and children enrolled in the Pre-Kindergarten class must be 4 years old by September 30.

**Please select your tuition payment preference:**

- \_\_\_\_\_ pay in full by the first day of preschool to receive a 4% discount  
\_\_\_\_\_ pay in 9 monthly installments (August – April)

**Please select your child(ren)'s schedule:**

**5 day schedules (Mon. – Fri.) 9 monthly tuition (August -April)/total cost**

_____ 7:00 am - 6:15 pm	\$610.00/mo – total cost \$5,490
_____ 9:00 am - 6:15 pm	\$555.00/mo – total cost \$4,995
_____ 7:00 am - 3:00 pm	\$530.00/mo – total cost \$4,770
_____ 9:00 am - 3:00 pm	\$495.00/mo – total cost \$4,455
_____ 7:00 am - 12:00 pm	\$330.00/mo – total cost \$2,970
_____ 9:00 am - 12:00 pm	\$255.00/mo – total cost \$2,295

**3 day schedules (Mon., Weds., Fri.) 9 monthly tuition (August – April)/total cost**

_____ 7:00 am - 6:15 pm	\$475.00/mo – total cost \$4,275
_____ 9:00 am - 6:15 pm	\$420.00/mo – total cost \$3,780
_____ 7:00 am - 3:00 pm	\$420.00/mo – total cost \$3,780
_____ 9:00 am - 3:00 pm	\$360.00/mo – total cost \$3,240
_____ 7:00 am - 12:00 pm	\$290.00/mo – total cost \$2,610
_____ 9:00 am - 12:00 pm	\$205.00/mo – total cost \$1,845

**2 day schedules (Tues., Thurs.) 9 monthly tuition (August – April)/total cost**

_____ 7:00 am - 6:15 pm	\$370.00/mo – total cost \$3,330
_____ 9:00 am - 6:15 pm	\$315.00/mo – total cost \$2,835
_____ 7:00 am - 3:00 pm	\$290.00/mo – total cost \$2,610
_____ 9:00 am - 3:00 pm	\$260.00/mo – total cost \$2,340
_____ 7:00 am - 12:00 pm	\$235.00/mo – total cost \$2,115
_____ 9:00 am - 12:00 pm	\$170.00/mo – total cost \$1,530

How did you hear about The Light Academy? \_\_\_\_\_

A welcome email will be sent to you, along with your tuition agreement, login information to our parent portal on our website, calendar, supply list, etc. For any questions, please contact Joyce Parr, M.Ed., Principal 434-842-2222 or 434-806-2903.