



Redeemer Renaissance After-School Program

1545 Chain Bridge Road
McLean, Virginia 22101
703-356-3346 phone

2010-2011 Application Form

We, the undersigned, hereby make application to return to the Redeemer Renaissance After-School Program for the entire school year beginning September 2010 through June 2011. **A \$50 re-enrollment fee per family (payable to Redeemer Renaissance) should accompany this form.** Tuition is collected one month in advance. **September tuition will be due by August 5, 2010.** The remaining 9 payments are due on the first of each month from September through May. We also understand that a penalty fee of \$20 is charged for any payment received after the fifth of each month or any returned check. If it is necessary to withdraw a child from the program, written notification must be made to the Redeemer After-School Program by the first of the preceding month to avoid being charged tuition the month of the withdrawal.

<input type="checkbox"/> I/we certify that I/we require after-school care because of employment or because of being in school full time.					
Child 1		Child 2		Child 3	
Child's Last Name _____		Child's Last Name _____		Child's Last Name _____	
Child's First Name _____		Child's First Name _____		Child's First Name _____	
Birth date _____	Grade as of 09/07/10 _____	Birth date _____	Grade as of 09/07/10 _____	Birth date _____	Grade as of 09/07/10 _____
Sex _____		Sex _____		Sex _____	
Kent Gardens _____ Haycock _____ Churchill Rd. _____ School (Check one)		Kent Gardens _____ Haycock _____ Churchill Rd. _____ School (Check one)		Kent Gardens _____ Haycock _____ Churchill Rd. _____ School (Check one)	
Street Address _____		Street Address _____		Street Address _____	
Zip code _____ Special Needs (briefly describe below) _____		Zip code _____ Special Needs (briefly describe below) _____		Zip code _____ Special Needs (briefly describe below) _____	
Parent/Guardian Information					
Father's/ Guardian's Name _____		Street Address & Zip code _____		Primary Phone Number _____	
Mother's / Guardian's Name _____		Street Address & Zip code _____		Primary Phone Number _____	
<input type="checkbox"/> Members of Lutheran Church of the Redeemer					

Signature of Parent or Guardian

Date

For Office Use Only

Lottery Number _____ Date Application Received _____ Date Accepted Date _____
 WL # _____ Fee Submitted _____ Check Number _____ Class Enrolled _____