



**Redeemer Renaissance After-School Program**

1545 Chain Bridge Road  
 McLean, Virginia 22101  
 703-356-3346 ext. 113

**2011-1012 WAIT LIST Form**

We, the undersigned, hereby make application to the Redeemer Renaissance After-School Program for the entire school year beginning September 2011 through June 2012 if space becomes available in the program. **A \$75 enrollment fee per family (payable to Redeemer Renaissance) will be collected in the event our child/children enters the program.** We understand that tuition is collected one month in advance and 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.

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	
_____ Street Address		_____ Street Address		_____ Street Address	
_____ Zip code		_____ Zip code		_____ Zip code	
_____ Birth date	_____ Age as of 09/06/11	_____ Birth date	_____ Age as of 09/06/11	_____ Birth date	_____ Age as of 09/06/11
_____ Gender	_____ Grade as of 09/06/11	_____ Gender	_____ Grade as of 09/06/11	_____ Gender	_____ Grade as of 09/06/11
Churchill Rd.____ Kent Gardens____ Franklin Sherman____ Haycock____ School (Check one)		Churchill Rd.____ Kent Gardens____ Franklin Sherman____ Haycock____ School (Check one)		Churchill Rd.____ Kent Gardens____ Franklin Sherman____ Haycock____ School (Check one)	
_____ Special Needs (briefly describe below)		_____ Special Needs (briefly describe below)		_____ Special Needs (briefly describe below)	

**Parent/Guardian Information**

_____ Father's/ Guardian's Name	_____ Street Address & Zip code	_____ Primary Phone Number
_____ Email 1	_____ Email 2	
_____ Mother's / Guardian's Name	_____ Street Address & Zip code	_____ Primary Phone Number
_____ Email 1	_____ Email 2	

Members of Lutheran Church of the Redeemer

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date