



## Redeemer Renaissance After-School Program

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

### 2009-2010 Application Form

We, the undersigned, hereby make application to the Redeemer Renaissance After-School Program for the entire school year beginning September 2009 through June 2010. A \$75 application fee per family (payable to Redeemer Lutheran) is enclosed. Monthly tuition will be \$400.00. Monthly tuition is the same for each month regardless of the number of days in the month. Tuition is collected one month in advance. **September Tuition will be due on August 5<sup>th</sup>.** 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.

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 09/08/09 _____	Birth date _____	Grade as of 09/08/09 _____	Birth date _____	Grade as of 09/08/09 _____
Sex _____		Sex _____		Sex _____	
Street Address _____		Street Address _____		Street Address _____	
Zip code _____		Zip code _____		Zip code _____	
Kent Gardens____ Haycock____ Churchill Rd.____ School (Check one) Special Needs (briefly describe below)		Kent Gardens____ Haycock____ Churchill Rd.____ School (Check one) Special Needs (briefly describe below)		Kent Gardens____ Haycock____ Churchill Rd.____ School (Check one) 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 \_\_\_\_\_