



Redeemer Renaissance After-School Program

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

2008-2009 Application Form

We, the undersigned, hereby make application to the Redeemer Renaissance After-School Program for the entire school year beginning September 2008 through June 2009. A \$75 application fee per family (payable to Redeemer Lutheran) is enclosed. Monthly tuition will be \$395. The monthly tuition is the same for each month regardless of the number of days in the month. Tuition is collected one month in advance. **Tuition for the first month is due within 2 weeks of acceptance.** 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 09/02/08 _____	Birth date _____	Grade as of 09/02/08 _____	Birth date _____	Grade as of 09/02/08 _____
Sex _____		Sex _____		Sex _____	
Kent Gardens _____ Haycock _____ School (Check one)		Kent Gardens _____ Haycock _____ School (Check one)		Kent Gardens _____ Haycock _____ School (Check one)	
Street Address _____		Street Address _____		Street Address _____	
Zip code _____		Zip code _____		Zip code _____	
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 _____
Mother's / Guardian's Name _____	Street Address & Zip code _____	Primary Phone Number _____

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 _____