

Application: All programs

Summer 2017

Please print and use dark ink. Use a separate application for each child. Mail, fax, or email with required deposit(s) to: The Center for Gifted, Box 364, Wilmette 60091; 847-901-0179 (fax); info@centerforgifted.org; or apply online at www.centerforgifted.org. Telephone: 847-901-0173.

Student's full name _____ Full birth date _____

Gender: ___male ___female Circle student's **2017/18** grade level: PK K 1 2 3 4 5 6 7 8 9 10 11 12

Current school name _____ and location (city) _____

Has student attended a previous Center for Gifted program? ___yes ___no Has any other family member ever attended? ___yes ___no

Teacher recommendation is: ___enclosed ___to follow ___not required (has attended a previous CFG program)

Full name(s) of parent/guardian(s) _____ Relationship to student _____

Address _____ City _____ Zip code _____

Family email for all program info _____ Are you interested in carpooling? ___yes ___no

Phones: Primary _____ Secondary _____ Other(s) _____

I understand that The Center for Gifted includes camera images of students and of student work on its website, in its publications, and in other media controlled or approved by the CFG. I hereby give my consent for images of this student and/or his or her work to be included among these images and will make no monetary or other claim against the CFG for its ethical and appropriate use of these images.

Parent/guardian signature _____ Date _____ 2017

Program selections: Check the program(s) to which you are applying:

Worlds of Wisdom and Wonder

- Barrington I (July 10-14)
- Barrington II (July 17-21)
- Chicago I (Aug 7-11)
- Chicago II (Aug 14-18)
- Crete (July 24-28)
- Elmhurst I (June 19-23)
- Elmhurst II (June 26-30)
- Naperville (June 12-23)
- Skokie I (June 26-30)
- Skokie II (July 10-14)
- Wheaton I (July 17-21)
- Wheaton II (July 24-28)

Summer Wonders (Buffalo Grove)

- Session I (June 7-16)
- Session II (June 19-23)
- Session III (June 26-July 7)
- Session IV (July 10-14)

Glenview Wonders (Glenview)

- Session I (July 17-21)
- Session II (July 24-28)
- Session III (July 31-Aug 4)
- Session IV (Aug 7-11)
- Session V (Aug 14-18)
- Session VI (Aug 21-25):
- Circle: M T W Th F
- Circle: AM PM Full-Day
- (Course selections not required)*

Project '17 (Elmhurst)

- July 17-Aug 4

Tinker-a-Thons (Elmhurst)

- Session I (July 17-21)
- Session II (July 24-28)
- Session III (July 31-Aug 4)
- (Course selections not required for Tinker-a-Thon applicants)*

Course selections: Write the name and dates of each program chosen above at the top of a column below. Select AM, PM, or Full Day, then on the lines below that list the student's favorite courses in order of preference:

- A. 1st-12th grade students:** List 3 courses for Half Day or 5 courses for Full Day.
- B. Pre-kindergarten students:** List one PK/K workshop for Half Day or 2 PK/K workshops for Full Day.
- C. Kindergarten students:** It's your choice: list either PK-K workshop(s) or K-8th classes—but not both in the same half day.

Prog/Dates _____

Check one: ___AM ___PM ___Full Day

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

Prog/Dates _____

Check one: ___AM ___PM ___Full Day

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

Prog/Dates _____

Check one: ___AM ___PM ___Full Day

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

Please note: For students applying to **Glenview Wonders** or the **Tinker-a-Thons**, simply write the program name and select AM, PM, or Full Day; course selections are not required. Students applying to **Project '17** may list two workshops instead of three classes for each half day.

Payment: A deposit of at least \$80 (\$150 for Project '17) for each program selected above must accompany application. Balances are due in full two weeks before each program begins. Payments enclosed or authorized below are *fully refundable* for withdrawals requested by the first day of the program.

• **Please complete:** I enclose or authorize payment in the amount of \$ _____ per the following (check one):

___ My check or money order for the above amount, payable to The Center for Gifted, is enclosed.

___ Charge the following credit or debit card (Discover, MasterCard, or Visa) for the above amount:

Expiration date _____ Card account number _____

Cardholder name as printed on card _____ Billing address zip code _____

Authorized signature _____ Today's date _____

Project '17 and Tinkerathon applicants: If you plan to use our free roundtrip buses and/or wish to pay in advance for cafeteria lunches, attach a note indicating your bus stop and/or lunch information. See our website or brochures, or contact us, for details on these options.