

# Application - All programs - Page 1

Summer 2018

**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](mailto:info@centerforgifted.org); or apply online at [www.centerforgifted.org](http://www.centerforgifted.org). Telephone: 847-901-0173.

Student's full name \_\_\_\_\_ Full birth date \_\_\_\_\_

Gender: \_\_\_male \_\_\_female Circle student's **2018/19** grade level: PK K 1 2 3 4 5 6 7 8 9 10 11 12

Name of current school \_\_\_\_\_ 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) \_\_\_\_\_

**Program selections:** Check  the program(s) to which you are applying. See program flyers on our website for lists of courses and descriptions.

**Worlds of Wisdom and Wonder**

- \_\_\_ Barrington I (June 18-22)
- \_\_\_ Barrington II (June 25-29)
- \_\_\_ Elmhurst (June 11-22)
- \_\_\_ Naperville I (June 18-22)
- \_\_\_ Naperville II (June 25-29)

**Summer Wonders**

- \_\_\_ Buffalo Grove I (June 11-15)
- \_\_\_ Buffalo Grove II (July 18-22)
- \_\_\_ Buffalo Grove III (June 25-29)
- \_\_\_ Buffalo Grove IV (July 2-6)
- \_\_\_ Lincolnshire I (July 9-13)
- \_\_\_ Lincolnshire II (Jul 16-20)
- \_\_\_ Lincolnshire III (Jul 23-27)
- \_\_\_ Lincolnshire IV (Jul 30-Aug 3)
- \_\_\_ Ingleside (June 18-29)

**Summer Wonders (Glenview)**

- \_\_\_ Session I (July 2-3)
- \_\_\_ Session II (July 5-6)
- \_\_\_ Session III (July 16-20)
- \_\_\_ Session IV (July 23-27)
- \_\_\_ Session V (Jul 30-Aug 3)
- \_\_\_ Session VI (Aug 6-10)
- \_\_\_ Session VII (Aug 13-17)
- (Course selections not required for Glenview applicants)*

**Project '18 (Elmhurst)**

- \_\_\_ July 9-27

**Tinker-a-Thons (Elmhurst)**

- \_\_\_ Session I (July 9-13)
- \_\_\_ Session II (July 16-20)
- \_\_\_ Session III (July 23-27)
- (Course selections not required for Tinker-a-Thon applicants)*

**Course selections:** For each program selected above, **write its name and dates** at the top of a column below. **Check AM, PM, or Full Day.** On the lines below that (unless you've chosen Glenview or Tinker-a-Thon programs), **list the student's course choices** in order of preference:

- A. 1<sup>st</sup>-12<sup>th</sup> grades:** Half Day applicants list 3 courses; Full Day applicants list 5 courses. (**Project '18** applicants may list two workshops for each Half Day instead of 3 courses; or three workshops for Full Day instead of 5 courses.)
- B. Pre-kindergarten:** Half Day applicants list one PK/K workshop; Full Day applicants list two PK/K workshops.
- C. Kindergarten:** It's your choice: list either PK-K workshop(s) (per option **B** above) or K-8<sup>th</sup> classes (per option **A** above).

<p>Prog/Dates _____</p> <p>Check one: ___AM ___PM ___Full Day</p> <p>a. _____</p> <p>b. _____</p> <p>c. _____</p> <p>d. _____</p> <p>e. _____</p>	<p>Prog/Dates _____</p> <p>Check one: ___AM ___PM ___Full Day</p> <p>a. _____</p> <p>b. _____</p> <p>c. _____</p> <p>d. _____</p> <p>e. _____</p>	<p>Prog/Dates _____</p> <p>Check one: ___AM ___PM ___Full Day</p> <p>a. _____</p> <p>b. _____</p> <p>c. _____</p> <p>d. _____</p> <p>e. _____</p>
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(see page 2 on reverse to select courses for additional programs)

**Payment:** A deposit of at least \$80 (\$150 for Project '18) 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 '18 and Tinker-a-Thon applicants:** If you plan to use our free roundtrip buses, please indicate your bus stop(s) below. See our website or brochures, or contact us, for bus stop locations, times, and other details on this option.

Morning bus stop for pick-up: \_\_\_\_\_ Afternoon bus stop for drop-off: \_\_\_\_\_

**Important! You must also complete the reverse side of this application.**

Emergency info and contacts

I hereby give my permission for a licensed physician or registered nurse to give my child medical treatment should it become necessary. I understand that reasonable effort will be made to reach me prior to giving any such treatment, at the numbers I provided on the first page this application and/or below.

In the event that you are unable to reach me at any of these numbers, you have my permission to contact the following alternate(s), with whom my child is well acquainted.

Full name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Telephone number(s) \_\_\_\_\_

Full name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Telephone number(s) \_\_\_\_\_

In the event of such an emergency, please heed these additional instructions regarding my child:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Information for mass-generated text message

On the rare occasion that would require our immediate, direct contact with parents of all students enrolled, we will send a mass-generated text message to all parents. Please provide the cell phone number you would like us to use on such on occasion, to send this urgent text message to you.

Cell phone number for urgent text message \_\_\_\_\_

Please check your cellular service provider for this cell phone number. This information is required in order to send the mass-generated text message.

- |                                                           |                                                             |                                                          |
|-----------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> AT&T Mobility (includes Cricket) | <input type="checkbox"/> Illinois Valley Cellular           | <input type="checkbox"/> T-Mobile (includes Voicestream) |
| <input type="checkbox"/> Cellcom                          | <input type="checkbox"/> iWireless                          | <input type="checkbox"/> U S Cellular                    |
| <input type="checkbox"/> ETC                              | <input type="checkbox"/> Sprint (includes Boost and Nextel) | <input type="checkbox"/> Verizon (includes Alltel)       |

Additional course selections

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. \_\_\_\_\_

Parent signature

Signature of parent/guardian \_\_\_\_\_ Today's date \_\_\_\_\_ 2018

Print full name of above parent/guardian \_\_\_\_\_

Above parent/guardian's relationship to applicant \_\_\_\_\_

Above parent/guardian's phone number(s) during program hours \_\_\_\_\_

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. By my signature above, I 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.