

Application for Admission: Project 2013 • July 1 - 19

Office Use: p _____ \$ _____ # _____ d _____ s _____ sa-\$ _____ rec pif

Please print. Please use dark ink. Use a separate application for each child. Mail, fax, or email with \$150 deposit to: The Center for Gifted, Box 364, Wilmette, IL 60091; 847-901-0179 (fax); info@centerforgifted.org; or apply online at www.centerforgifted.org.

Student's full name _____ Birth date (mm/dd/yy) _____

Gender: _____ male _____ female Circle student's 2013/2014 grade level: 6 7 8 9 10 11 12

Name of current school _____ Location (city) of current school _____

Has this student participated in any previous Center for Gifted program? ____ yes ____ no

Has any other child in this family ever participated? ____ yes ____ no

Letter of recommendation is (check one) ____ enclosed ____ to follow ____ not required (returning student)

Full name of parent/guardian _____

Address _____ City, state, zip _____

Phones: Primary _____ Home/Cell _____ Other _____

Relationship to student _____ Are you interested in carpooling? ____ yes ____ no

Family email address for all program info: _____

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 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 _____

IMPORTANT! Program selection. Please check one:

____ Morning-Only Program (9:00-12:00) ____ Full-Day Program (9:00-3:00) ____ Afternoon-Only Program (12:30-3:00)

Course selections: If enrolling in a morning option, list the student's two favorite morning courses and two alternates in order of preference. If enrolling in an afternoon option, first select a format. For the two-class format, select two favorite afternoon courses; or for the one-workshop format, select one favorite and one alternate.

Morning: Select courses:

Afternoon:

a. _____

1. Select format: ____ Two 75 minute classes **OR** ____ One 2½ hour workshop

b. _____

2. Select courses: a. _____

c. _____

b. _____

d. _____

c. _____

Check transportation service and shuttle stop requested: ____ None ____ Roundtrip (\$95) ____ One Way(\$50):

Chicago:

Suburban:

____ 57th & Hyde Park Blvd.
____ Washington & Michigan
____ Western & Milwaukee
____ Western & Irving Park
____ Western & Devon
____ Western & Howard

____ **Buffalo Grove/Summer Wonders**
(Meridian Middle School)
____ **Main St. Station, Evanston**
(CTA Purple Line)
____ **Main St. Station, Evanston**
(Union Pacific North Line)

____ **Glennview Station**
(Milwaukee North Line)

Two public buses stop at the program site every 15-20 minutes on weekdays: **Pace Bus #215** and **CTA Bus #97**. See www.pacebus.com or www.transitchicago.com for more information.

Payment: Tuition for Project 2013 Morning Program is \$565; the Full Day Program is \$895; The Afternoon Only Program is \$500. A \$150 deposit is required with each application and will be credited to tuition.

Total enclosed or authorized: \$ _____ Check if full tuition and fees are enclosed

Check one:

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

____ Charge my credit or debit card for the above amount. Card type is: ____ MasterCard ____ Visa

Expiration date: _____ Credit card number _____

Cardholder's name (as printed on card) _____ Cardholder's zip code _____

Authorized signature _____ Today's date _____

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