

Application for Admission: 2013 Summer Wonders Buffalo Grove

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

Please print. Please use dark ink. Use a separate application for each child. Mail, fax, or email with \$80 deposit per session 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 Student's 2013/2014 grade level: PK K 1 2 3 4 5 6 7 8

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

Recommendation form is (check one) ____ enclosed ____ to follow ____ not required (returning student)

Full name(s) of parent(s)/guardian(s) _____

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!! Indicate the session(s) and program(s) in which you wish to enroll this student:

Session I:

June 11 - 21

____ Morning Only (9:00-11:40)

____ Full-Day (9:00-3:00)

Session II:

June 24 - July 5

____ Morning Only (9:00-11:40)

____ Full-Day (9:00-3:00)

Session III:

July 8 - 19

____ Morning Only (9:00-11:40)

____ Full-Day (9:00-3:00)

Course selections for 1st-8th grades only: Students attend three classes every morning. Review the course offerings, carefully noting the Session dates and grade levels for each course. For each Session you selected above, list the student's three favorite courses and two alternates below in order of preference.

Session I:

a. _____

b. _____

c. _____

d. _____

e. _____

Session II:

a. _____

b. _____

c. _____

d. _____

e. _____

Session III:

a. _____

b. _____

c. _____

d. _____

e. _____

Payment: For each Session, a deposit of at least \$80 must accompany application. Your balance will be due by two weeks before each Session begins.

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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