

Application for Admission: Summer 2013 Worlds of Wisdom and Wonder

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 program 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 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 _____

IMPORTANT!! Program location selection: Check the program(s) in which you wish to enroll this student:

- | | | |
|--|---|---|
| <input type="checkbox"/> Burr Ridge (July 8 - 19) | <input type="checkbox"/> Chicago/Portage Park (July 8 - 19) | |
| <input type="checkbox"/> Elgin (July 15 - 26) | <input type="checkbox"/> Chicago/Lakeview - East (July 8 - 19) | <input type="checkbox"/> Morning-Only <input type="checkbox"/> Full-Day |
| <input type="checkbox"/> Elmhurst I (June 10 - 21) | <input type="checkbox"/> Chicago/Lakeview - West (June 25 - July 5) | <input type="checkbox"/> Morning-Only <input type="checkbox"/> Full-Day |
| <input type="checkbox"/> Elmhurst II (June 24 - July 5) | <input type="checkbox"/> Chicago/Lincoln Park (July 22 - Aug 2) | <input type="checkbox"/> Morning-Only <input type="checkbox"/> Full-Day |
| <input type="checkbox"/> Naperville/North (June 23 - July 3) | <input type="checkbox"/> Glenview (June 17 - 28) | <input type="checkbox"/> Morning-Only <input type="checkbox"/> Full-Day |
| <input type="checkbox"/> Naperville/South (June 10 - 13 & 17 - 20) | <input type="checkbox"/> Grayslake (July 22 - Aug 2) | <input type="checkbox"/> Morning-Only <input type="checkbox"/> Full-Day |
| <input type="checkbox"/> Skokie (July 8 - 19) | <input type="checkbox"/> Oak Forest - East (June 17 - 28) | <input type="checkbox"/> Morning-Only <input type="checkbox"/> Full-Day |

Course selections for 1st-8th grades: Students enroll in three courses, which they attend every morning. For each program you selected above, review the course offerings page, carefully noting the grade levels for each course. Write the program location below and list the student's three favorite courses and two alternates in order of preference.

Location: _____	Location: _____	Location: _____
a. _____	a. _____	a. _____
b. _____	b. _____	b. _____
c. _____	c. _____	c. _____
d. _____	d. _____	d. _____
e. _____	e. _____	e. _____

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