

Application: Worlds of Wisdom and Wonder Winter 2013

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 full tuition and lab fees (if any) 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 _____

Gender: ____ male ____ female Student's current grade level: PK K 1 2 3 4 5 6 7 8

Name of current school _____ City of current school _____

Has student ever attended a CFG program? yes no

Has any other family member attended? yes no

Teacher recommendation is: enclosed to follow not required (has attended before)

Are you interested in carpooling? yes no

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

Relationship to student _____ Address _____

City, zip _____ Family email address _____

Phones: Home _____ Cell _____ 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 advertising 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 _____

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

- | | |
|---------------------------------------|------------------------------------|
| _____ Buffalo Grove (Jan 13 – Feb 10) | _____ Elmhurst (Jan 13 – Feb 10) |
| _____ Burr Ridge (Feb 17 – Mar 17) | _____ Naperville (Jan 13 – Feb 10) |
| _____ Chicago (Feb 17 – Mar 17) | _____ Oak Forest (Jan 13 – Feb 10) |

Course selection: Review the course offerings online or in our brochure, carefully noting the program location, dates, and grade levels for each course. For each program selected above, list the student's two favorite courses and two alternates below in order of preference; or, if enrolling in a single workshop, just write the workshop selected. Students in pre-k and kindergarten do not need to list alternates.

- | | |
|--------------------------------|--------------------------------|
| Program location: _____ | Program location: _____ |
| a. _____ | a. _____ |
| b. _____ | b. _____ |
| c. _____ | c. _____ |
| d. _____ | d. _____ |

Payment: Full payment of tuition (\$210) plus lab fees (if any) must accompany application.

_____ My check or money order for \$ _____ payable to "The Center for Gifted" is enclosed.

_____ Charge my credit or debit card for \$ _____ (Visa and MasterCard only)

Expiration date: _____ Card number: _____

Cardholder's zip code: _____

Cardholder's name (as appears on card): _____

Authorized signature: _____ Today's date: _____

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