

APPLICATION: Project 2010

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

Please print. Complete a separate application for each child. You may photocopy this application. Mail with check, money order, or credit card authorization to: **The Center for Gifted; Box 364; Wilmette, IL 60091.** Call or email with questions: 847-901-0173; info@centerforgifted.org

Applicant's full name _____ Gender: ___male ___female Birth date: _____

Circle student's Fall 2010 grade level: 6 7 8 9 10 11 Name/city of current school _____

Has applicant attended a previous CFG program? ___Yes ___No Teacher recommendation is: ___enclosed ___to follow ___not req.

Name(s) of parent(s)/guardian(s) _____

Home address _____ City, state, zip _____

Home phone # _____ Cell phone # _____ Work phone # _____

Email address _____ May we share your contact information with families interested in carpooling? ___Yes ___No

Please Select:

- Morning Program (9:00 - 12:00) Enclose \$150 or \$520 full tuition
- Full Day Program (9:00 - 3:00) Enclose \$150 or \$835 full tuition

Course Selections: Students will be placed on a first-come-first-served basis. So that we can place all students appropriately as classes fill, list your 4 favorite morning courses below in order of preference.

1. _____
2. _____
3. _____
4. _____

If enrolling in the Full-Day Program, please select a favorite afternoon course topic, plus one alternate.

Favorite: _____

Alternate: _____

Check the transportation service(s) requested:

- No service requested
- Round Trip (\$85)
- One Way(\$45):
- 95th & State
- Washington & Michigan
- Western & Milwaukee
- Western & Irving Park
- Western & Devon
- Western & Howard
- Milwaukee North Line
(Morton Grove Station)
- Union Pacific North Line
(Main St. Station, Evanston)
- Union Pacific Northwest Line
(Park Ridge Station)
- CTA Purple Line
(Main St. Station, Evanston)
- Cooper Middle School
(Summer Wonders/Buffalo Grove)

The fee for bus service includes all three weeks, regardless of how many days the student plans to ride, and must be paid by July 1, 2010.

I hereby grant The Center for Gifted permission to photograph my child and publish his/her work and any such photographs on its web site, in its publications, and in other media controlled or approved by The Center for Gifted. I will make no monetary or other claim against The Center for Gifted for its ethical and appropriate use of these items.

Signature of parent or legal guardian _____ Date _____

Payment of Tuition:

Tuition for Project 2010 Morning Program is \$520.00; the Full Day Program is \$835.00. A \$150.00 deposit is required with each application and will be credited towards tuition. The balance of tuition for Project 2010 is due on July 5th.

Amount Enclosed: _____

Check one:

My check or money order for the above amount payable to The Center for Gifted is enclosed. (Include student's name on the memo line.)

Charge my credit card for the above amount:

Credit card type: ___ American Express ___ Discover ___ MasterCard ___ Visa

Credit card number _____ **CVV Code:** _____

Cardholder's name as appears on card _____ **Exp. Date:** _____

Authorized signature _____ **Date** _____

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