

**APPLICATION: WORLDS OF WISDOM AND WONDER****Chicago/Beverly - Summer, 2010**

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**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: 1 2 3 4 5 6 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

**Course Selections:** Students should select five courses (three favorites and two alternates) in order of preference. Be sure to note grade levels for courses.**Please Select:**  Morning Program  
 Full Day Program

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**How did you first hear about The Center for Gifted?**

- |                                                  |                                               |
|--------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> School website          | <input type="checkbox"/> online               |
| <input type="checkbox"/> Chicago Parent Magazine | <input type="checkbox"/> referral from friend |
| <input type="checkbox"/> FamilyTime Magazine     | <input type="checkbox"/> other _____          |
| <input type="checkbox"/> Brochure from school    | _____                                         |
| <input type="checkbox"/> Brochure from library   | _____                                         |

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 our Chicago/Beverly Morning Program is \$335.00; the Full Day Program is \$520.00. A \$50.00 deposit is required with each application and will be credited towards tuition. The balance of tuition for Chicago/Beverly is due on June 28th. **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** \_\_\_\_\_