

APPLICATION: WORLDS OF WISDOM AND WONDER

Elmhurst - Summer, 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: preK K 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: PreK and kindergarten students attend the Pre-Primary Forum and need not choose any courses. Students in 1st through 6th grades should select five courses (three favorites and two alternates) in order of preference. Be sure to note grade levels for courses.

- 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 Elmhurst program is \$335.00. A \$50.00 deposit is required with each application and will be credited towards tuition. The balance of tuition for Elmhurst is due on June 7th. **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** _____