

APPLICATION: WORLDS OF WISDOM AND WONDER - 2010

CHICAGO / LAKEVIEW

Office: 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 grade entering fall, 2010: PK 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 _____ Are you interested in carpooling? ___ Yes ___ No

Program and Course Selection:

Please indicate the session(s) you wish to attend by checking the appropriate blank(s) below. To select courses, review the course offerings above. Be sure to note the Session dates and grade levels for each course. We endeavor to place as many students as possible in their favorite courses; alternate choices are considered as scheduling and enrollment require. **Please note:** Students in pre-k and kindergarten enroll in a single-classroom experience. They do not need to select courses. Simply indicate their Session below. Students in 1st-6th grades enroll in three courses, and should choose three favorites and two alternates.

_____ **Session I**

_____ **Session II**

Morning Only Full-Day Program

Morning Only Full-Day Program

a. _____

a. _____

b. _____

b. _____

c. _____

c. _____

d. _____

d. _____

e. _____

e. _____

How did you first hear about The Center for Gifted?

- School website online
- Chicago Parent Magazine referral from friend
- Family Time Magazine other _____
- Brochure from school _____
- 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:

Application must include a deposit of \$50 per program, or full tuition via check, money order, or credit card authorization. The balance of tuition for Session I is due on June 14, and for Session II on June 28.

Total enclosed or authorized: \$ _____ for: ___ Session I ___ Session II

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 _____ **Expiration date** _____

Cardholder's name as appears on card _____ **CVV Code** _____

Authorized signature _____ **Date** _____

The Center for Gifted is a not-for-profit organization under IRC Section 501(c)(3). The Center for Gifted reserves the right to change without notice any statements regarding its program offerings concerning but not limited to rules, policies, tuition, fees, courses, location, or staff. It is the policy of The Center for Gifted not to discriminate on the basis of race, color, gender, religion, or national or ethnic origin in matters of admissions or services relating to its programs.