

Application: Summer Wonders 2010 - Buffalo Grove

Instructions: Please print. Complete a separate form for each child. Mail application with check, money order, or credit card authorization to Joan Franklin Smutny, Director; The Center for Gifted; Box 364; Wilmette, IL 60091. Call or email with questions: 847-901-0173 or info@centerforgifted.org. A \$150.00 deposit must accompany application.

Student's full name _____

Address _____

City _____ Zip code _____

Parent's name(s) _____

Home / cell / work phone #'s _____

Name and city of student's current school _____

Office: p _____ \$ _____ # _____ d _____ sa-\$ _____ _s _____ rec _____

Parent's email address _____

Circle student's Fall 2010 grade level PK K 1 2 3 4 5 6

Please check:

- _____ new student or
- _____ returning student
- _____ male student or
- _____ female student
- _____ add to carpool list

The teacher recommendation is:

- _____ enclosed
- _____ to follow
- _____ n/a (returning student)

Course Selections: Morning Program 9:00 - 11:40; Full Day 9:00 - 3:00

Review the course offerings. Be sure to take note of the Session, dates, and grade levels for each course. Please also note that, although 1st-6th grade classes are offered to multiple grade levels, students generally are placed in classes with their age peers, so that the grade level span of students in any one classroom usually will not exceed two years.

Choose five courses (three favorites and two alternates) and list them below in order of preference. We endeavor to place as many students as possible in their favorite courses; alternate choices are considered as scheduling and enrollment require. Students attend their three assigned courses every morning.

Session I June 21 to July 2

- _____ Morning Program
- _____ Full Day Program

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

Session II July 6 to 16, 2010

- _____ Morning Program
- _____ Full Day Program

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

Session III July 19 to 30

- _____ Morning Program
- _____ Full Day Program

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

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:

Please enclose or authorize a deposit of \$150.00. Please make checks payable to The Center for Gifted. **The balance of tuition for Session I is due on June 7th; for Session II on June 21; and Session III on July 5th.**

Session I Tuition:
Morning Program: \$335.00
Full-Day: \$520.00

Session II Tuition:
Morning Program: \$305.00
Full-Day: \$475.00

Session III Tuition:
Morning Program: \$335.00
Full-Day: \$520.00

Total enclosed or authorized: \$ _____

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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