

Application - All programs - Page 1

Summer 2020 (rev 6/1/20)

Please print and use dark ink. Use a separate application for each child. Mail, fax, or email with required deposit(s) to: The Center for Gifted, Box 364, Wilmette 60091; 847-901-0179 (fax); info@centerforgifted.org; or apply online at www.centerforgifted.org. Telephone: 847-901-0173.

Student's full name _____ Full birth date _____

Gender: male female Circle student's **fall 2020** grade level: PK K 1 2 3 4 5 6 7 8 9 10 11 12

Name of current school _____ and location (city) _____

Has student attended a previous Center for Gifted program? yes no Has any other family member ever attended? yes no

Eligibility materials are: enclosed to follow not required (has attended a previous CFG program)

Full name(s) of parent/guardian(s) _____ Relationship to student _____

Address _____ City _____ Zip code _____

Family email for all program info _____ Are you interested in carpooling? yes no

Phones: Primary _____ Secondary _____ Other(s) _____

Program selections: Check the program(s) to which you are applying. See program flyers on website for courses and descriptions.

Summer Wonders ▶ Glenview

- Sess I (June 15-19)
- Sess II (June 22-26)
- Sess III (June 29-July 2)
- Sess IV (July 6-10)
- Sess V (July 13-17)
- Sess VI (July 20-24)
- Sess VII (July 27-31)
- Sess VII (Aug 3-7)
- Sess IX (Aug 10-14)

Scientists, Engineers, Artists Unite! ▶ Elmhurst

- Sess I (July 13-17)
- Sess II (July 20-24)
- Sess III (July 27-31)
- Project '20 ▶ Elmhurst**
- Sess I (July 13-17)
- Sess II (July 20-31)

***Full STEAM Ahead ▶ Elmhurst**

- May 26-29 July 6-10
- June 1-5 July 13-17
- June 8-12 July 20-24
- June 15-19 July 27-31
- June 22-26 Aug 3-7
- June 29-July 2 Aug 10-14

Five New Weeks! ▶ Elmhurst for PK-12th grades

- June 8-12
- June 15-19
- June 22-26
- June 29-July 2
- July 6-10

* For all programs in **Elmhurst**, see program flyers to determine which sessions require course selection.

Course selections: (Not required for programs above that have "▶" in the title.) For each program selected above that has "▶" after its title, write its name and dates at the top of a column below. Check AM, PM, or Full Day. On the lines below that, list the student's course choices in order of preference. For Project '20 I and II: Half Day applicants list 3 courses; Full Day applicants list 5 courses. (For program offering "workshops," applicants may list one workshop, instead of 3 courses, per Half Day)

Prog/Dates _____
 Check one: AM PM Full Day
 a. _____
 b. _____
 c. _____
 d. _____
 e. _____

Prog/Dates _____
 Check one: AM PM Full Day
 a. _____
 b. _____
 c. _____
 d. _____
 e. _____

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 Check one: AM PM Full Day
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Prog/Dates _____
 Check one: AM PM Full Day
 a. _____
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 c. _____
 d. _____
 e. _____

Payment: A deposit of at least \$80/program must accompany application. Balances are due in full two weeks before each program begins. All payments are fully refunded (except a \$10/program application fee) for withdrawals requested before the first day of the program.

- **Please complete:** I enclose or authorize payment in the amount of \$ _____ per the following (check one):
 My check or money order for the above amount, payable to The Center for Gifted, is enclosed.
 Charge the following credit or debit card (Diners Club International, Discover, MasterCard, or Visa) for the above amount:
 Expiration date _____ Security (CVV/CVC) code _____ Account number _____
 Billing address zip code _____ Cardholder name as it is on card _____
 Authorized signature _____ Today's date _____

Important! You must also complete the reverse side of this application.

Student's full name: _____ Grade entering fall 2020: _____

Special needs

Please share any special needs information (allergies, behavioral, medical) you would like our faculty and staff to know about this applicant before he or she joins us this summer. Feel free to use additional paper or documents.

Emergency info and contacts

I hereby give my permission for a licensed physician or registered nurse to give my child medical treatment should it become necessary. I understand that reasonable effort will be made to reach me prior to giving any such treatment, at the contact numbers I provided on the first page of this application and/or below.

In the event that you are unable to reach me at any of these numbers, you have my permission to contact the following alternate(s), with whom my child is well acquainted.

Full name _____ Relationship to child _____

Telephone number(s) _____

Full name _____ Relationship to child _____

Telephone number(s) _____

In the event of such an emergency, please heed these additional instructions regarding my child:

Information for mass-generated text message

In the unlikely event that would require our immediate, direct contact with parents of all students enrolled, we will send a mass-generated text message to parents. Please provide the **one** cell phone number at which you would like to receive this text message on such on occasion. The name of your cellular service provider also is required to send the mass-generated text message.

Cell phone number for urgent text message _____

Name of your cellular service provider for this number _____

Parent signature

Signature of parent/guardian _____ Today's date _____ 2020

Print full name of above parent/guardian _____

Above parent/guardian's relationship to applicant _____

Above parent/guardian's phone number(s) during program hours _____

I understand that The Center for Gifted includes camera images of students and of student work on its website, in its publications, and in other media controlled or approved by the CFG. By my signature above, I give my consent for images of this student and/or his or her work to be included among these images and will make no monetary or other claim against the CFG for its ethical and appropriate use of these images.