

# APPLICATION FOR ADMISSION ■ SUMMER 2011 Worlds of Wisdom and Wonder / Summer Wonders

Office use: p \_\_\_\_\_ \$ \_\_\_\_\_ # \_\_\_\_\_ d \_\_\_\_\_ sa-\$ \_\_\_\_\_ s \_\_\_\_\_ rec in \_\_\_\_\_

**Please print.** Complete a separate application for each student. Mail with your deposit (check, money order, or credit or debit card authorization) to: **The Center for Gifted; Box 364; Wilmette, IL 60091.** Call or email with questions: 847-901-0173; [info@centerforgifted.org](mailto:info@centerforgifted.org).

Student's full name \_\_\_\_\_ Birth date (mm/dd/yy) \_\_\_\_\_

Gender: \_\_\_\_\_ male \_\_\_\_\_ female Circle student's 2011/2012 grade level: PK K 1 2 3 4 5 6 7 8

Please relate on separate paper any physical challenges (including allergies), character traits, or special information about this student that his/her teachers may need to know.

Please check student's race/ethnicity (optional): \_\_\_\_\_ African American \_\_\_\_\_ Asian / Pacific Islander \_\_\_\_\_ Caucasian / White \_\_\_\_\_ Hispanic  
 \_\_\_\_\_ Native Alaskan / Native American \_\_\_\_\_ Multicultural \_\_\_\_\_ Other: \_\_\_\_\_

Name of current school \_\_\_\_\_ Location (city) of current school \_\_\_\_\_

Has student participated in a previous CFG program? \_\_\_\_\_ yes \_\_\_\_\_ no Recommendation is (check one) \_\_\_\_\_ enclosed \_\_\_\_\_ to follow \_\_\_\_\_ not required

Full name of parent/guardian(s) \_\_\_\_\_

Address \_\_\_\_\_ City, state, zip \_\_\_\_\_

Phones: Home \_\_\_\_\_ Cell \_\_\_\_\_ Alt. cell or work \_\_\_\_\_

Relationship to student \_\_\_\_\_ May we share your contact information with families interested in carpooling? \_\_\_\_\_ yes \_\_\_\_\_ no

Family email address for important enrollment and program information: \_\_\_\_\_

I hereby grant The Center for Gifted permission to photograph this student and publish any such images and any of his/her work on its website, in its publications, both digital and print, 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.

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

## Program and Course Selections:

Check the program(s) below to which this student is applying. **If your program has a full-day option, be sure to indicate which option you are requesting.** Review the course offerings on the program pages, carefully noting the program dates and locations and the grade levels for each course. Select the student's three favorite courses and two alternates, listing them below in order of preference. We place as many students as possible in their favorite courses. Student's alternate choices are considered as scheduling and enrollment require. **Students are placed with their age peers, usually with two grade levels per classroom. Students entering PreK and Kindergarten do not need to list courses**

_____ Buffalo Grove I *	_____ Lakeview I *
_____ Elgin	_____ Naperville
_____ Elmhurst I	_____ Oak Forest *
_____ Gurnee	_____ Oriole Park

\* Select: \_\_\_\_\_ Morning \_\_\_\_\_ Full-Day

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_

e. \_\_\_\_\_

_____ Buffalo Grove II *
_____ Elmhurst II
_____ Glenview
_____ Lakeview II *

\* Select: \_\_\_\_\_ Morning \_\_\_\_\_ Full-Day

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_

e. \_\_\_\_\_

_____ Buffalo Grove III *
_____ Burr Ridge
_____ Beverly *
_____ Skokie

\* Select: \_\_\_\_\_ Morning \_\_\_\_\_ Full-Day

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_

e. \_\_\_\_\_

**Payment:** Application must include at least the required deposit of \$60 per two-week program. **Applications sent three weeks or less before program start dates must include full tuition.** Total enclosed or authorized: \$ \_\_\_\_\_ Check if full tuition is enclosed

### Check one:

\_\_\_\_\_ My check or money order for the above amount payable to The Center for Gifted is enclosed.

\_\_\_\_\_ Charge my credit or debit card for the above amount. Card type is: \_\_\_\_\_ MasterCard \_\_\_\_\_ Visa

Credit card number \_\_\_\_\_ Expiration date: \_\_\_\_\_

Cardholder's name (as printed on card) \_\_\_\_\_ Cardholder's zip code \_\_\_\_\_

Authorized signature \_\_\_\_\_ Today's date \_\_\_\_\_

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