

Application for Admission

Worlds of Wisdom and Wonder ■ Winter, 2012

Office use only:

p _____ \$ _____ # _____ d _____ sa-\$ _____ s _____ pif rec i _____

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.

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

Gender: _____ male _____ female Student's current grade level: PK K 1 2 3 4 5 6 7 8 9 10

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 _____

Address _____ City, state, zip _____

Phones: Home _____ Cell _____ Other _____

Relationship to student _____ Are you interested in carpooling? _____ yes _____ no

Family email address for all program info: _____

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:

Please check the appropriate blank(s) below to indicate the program location(s) you have chosen. To select courses, review the course offerings for your child's grade level at your program location(s). Course choices do NOT need to be listed below for students in preK and kindergarten. For students in 1st-8th grades who are enrolling in two courses, please list FOUR courses below (two favorites and two alternates) in order of preference. For students in 5th-10th grades enrolling in a workshop, simply write the name of the workshop preferred. **Students are placed with their age peers, usually with two grade levels per classroom. Please note that some programs overlap and dates vary by location.**

<input type="checkbox"/> Buffalo Grove <input type="checkbox"/> Elmhurst <input type="checkbox"/> Oak Forest	<input type="checkbox"/> Burr Ridge	<input type="checkbox"/> Chicago/Lakeview
a. _____	a. _____	a. _____
b. _____	b. _____	b. _____
c. _____	c. _____	c. _____
d. _____	d. _____	d. _____

Payment: Application must include the full tuition of \$195.00. Lab fees (if applicable) are also due at the time of application. **Total enclosed or authorized:** \$ _____

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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