

# WORLD OF WONDER

## APPLICATION



### ONLINE REGISTRATION

Please go to [www.bradley.edu/continue](http://www.bradley.edu/continue)

Click on World of Wonder, and follow the Online Registration instructions.

The application below is only for mail and walk in registrants.

### I. STUDENT INFORMATION Please complete numbers 1-5.

Last Name	First Name	M.I.	What grade will you enter in fall, 2009?	Current Age	Male/Female
Home Address		City	State	Zip	
Student's Name for Nametag		School	School District		
Parent/Guardian (s) Name		Daytime Phone	Parent e-mail		

**Race:**  Native American  Asian/Pacific Islander  Caucasian  Black/African American  Hispanic  Other

**T-shirt size:** Youth:  small  medium  large Adult:  small  medium  large  x-large

### 2. ELIGIBILITY INFORMATION

**A.** Is the student entering grades 1, 2, or 3 in fall 2009?

- Yes He or she is automatically eligible. Skip to Number 3, and complete Numbers 3 - 5.  
 No Please go to B.

**B.** Is the student entering grade 4 in fall 2009?

- Yes He or she must apply. Please skip to D.  
 No Please go to C.

**C.** Did the student attend World of Wonder classes for 4-8 grades in 2008?

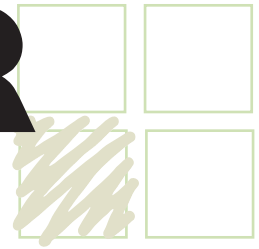
- Yes He or she is automatically eligible. Skip to Number 3, and complete Numbers 3 - 5.  
 No Please go to D.

**D.** Your student must fulfill one of the following. Please check one, provide or attach the additional required information, then go to Number 3, and complete Numbers 3 - 5.

- Current enrollment in a gifted and talented program at school.  
 Please include a confirmation letter from a teacher or principal.
- Achievement test score of one grade level above current grade level, according to national norms.  
 What was the name of the most recent achievement test (for example: ISAT, CAT, ITBS)? \_\_\_\_\_  
 What grade was the student in at that time? \_\_\_\_\_ When was the achievement test taken? \_\_\_\_\_  
 Please give the student's composite score, reported as a national percentile. \_\_\_\_\_  
 Please give the student's reading comprehension subtest score, reported as a national percentile. \_\_\_\_\_  
 Please attach a copy of the test scores.
- IQ score of 120 or above.  
 What was the name of the test? \_\_\_\_\_  
 When was the test taken? \_\_\_\_\_ What was the student's score? \_\_\_\_\_  
 Please attach a copy of the test scores.
- Exemplary classroom performance as indicated by the most recent report card and a recommendation from a teacher or principal.  
 Please attach copy of your most recent report card and a recommendation from a teacher or principal.

**PLEASE COMPLETE NUMBERS 3-5 ON THE REVERSE SIDE**

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### 3. PERMISSIONS - PLEASE READ AND SIGN THE FOLLOWING STATEMENTS

#### RESEARCH AND PHOTOGRAPHS

Institute personnel may be conducting research throughout this program and, with parental consent, may be collecting further information from WOW participants regarding future class design. All data and study results will be presented as group norms, and study participants will not be identified. I give my permission for Institute personnel to use the data I have provided to determine my child's eligibility to participate in the World of Wonder, as well as to assist Institute personnel with their research. Photographs are taken during all gifted programs. Participants will not be identified. My signature below gives my consent for any such photographs to be used for advertising and publicity purposes by Bradley University, its licensees, and/or member organizations, and I waive all claims for any compensation for such use or for damages.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

#### MEDICAL EMERGENCY FORM AND PARENTAL PERMIT

Bradley University (Institute for Gifted and Talented Youth) will not be responsible for medical fees. The law requires that parental permission be obtained for operative procedures on minors. The following consent form should be signed by the parent so that unnecessary delays will not occur with operative procedures. However, no operation will be performed, except in an emergency, without parents being contacted and fully informed.

\_\_\_\_\_  
Child's Physician (please print)

\_\_\_\_\_  
Physician's Phone

\_\_\_\_\_  
Indicate child's special medical needs. Include Medic-Alerts (allergies, reactions, etc.) (please print)

\_\_\_\_\_  
Name of Parent or Guardian (please print)

\_\_\_\_\_  
Emergency Contact Phone

\_\_\_\_\_  
Second Emergency Contact Name (please print)

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

### 4. CLASS REGISTRATION

	SESSION 1 June 15-19		SESSION 2 August 3-7	
	Class #	Title	Class #	Title
<b>8:00 AM</b>	1st Choice		1st Choice	
	2nd Choice		2nd Choice	
<b>10:15 AM</b>	1st Choice		1st Choice	
	2nd Choice		2nd Choice	
<b>1:30 PM</b>	1st Choice		1st Choice	
	2nd Choice		2nd Choice	
<b>3:45 PM</b>	Recreation (circle one)	YES NO	Recreation (circle one)	YES NO

#### EXAMPLE:

Class #	Title
1102	Happy Habitats
1101	Eric Carle's Critters

### 5. PAYMENT INFORMATION

Number of classes \_\_\_\_\_ X\$99 = \_\_\_\_\_

Recreation weeks \_\_\_\_\_ X\$29 = \_\_\_\_\_

TOTAL \_\_\_\_\_

Full payment is required at the time of registration.

Please send signed registration form and check (made payable to Bradley University) to:

**Bradley University Continuing Education  
1501 W. Bradley Ave., Peoria, IL 61625**

Tuition may be paid by credit card.

\_\_\_Discover \_\_\_Master Card \_\_\_VISA

\_\_\_\_\_  
Credit card number

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Signature