

2024 WORLD OF WONDER

OPTION 1: (PREFERRED) ONLINE REGISTRATION at bradley.edu/wow

NOTE: If registering online, you do NOT need to complete form below

DEADLINE TO REGISTER:

Monday, July 8, 2024

OPTION 2: MAIL-IN/DROP OFF REGISTRATION

Complete application below if you are a scholarship applicant or if you wish to mail-in/drop off your 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

Please complete Sections 1- 4:

SECTION 1. STUDENT INFORMATION

Last Name	First Name	M.I.	What grade will you enter in fall, 2023?	Current Age	Male/Female
Home Address			City	State	Zip
Student's Preferred Name for Nametag		School	School District		

Parent/Guardian(s) Name	Parent Daytime Phone	Parent Email
T-shirt size: Youth: <input type="checkbox"/> small <input type="checkbox"/> medium <input type="checkbox"/> large	Adult: <input type="checkbox"/> small <input type="checkbox"/> medium <input type="checkbox"/> large <input type="checkbox"/> x-large	
Race (optional): <input type="checkbox"/> Native American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Caucasian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Other		

SECTION 2. CLASS REGISTRATION

	CLASS # (Example: 1404)	CLASS TITLE (Example: <i>Vive la France</i>)
8:00 AM		
10:15AM		
1:30 PM		
3:30 PM	RECREATION	CIRCLE ONE: YES or NO

PLEASE COMPLETE SECTIONS 3-4 ON THE FOLLOWING PAGES

SECTION 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 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, such as 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

SECTION 4. PAYMENT INFORMATION

Full payment required at the time of registration, unless applying for a scholarship. Fill in the credit card information below or send a check (made payable to Bradley University) with signed registration form to:
Bradley University Continuing Education 1501 W. Bradley Ave.,
Peoria, IL 61625

Number of Classes X \$109 = \$
Recreation \$40 = \$_
of additional T-shirts X \$8 = \$_
Total = \$_

Tuition may be paid by credit card:

American Express Discover Master Card VISA

Credit Card Number Expiration Date Signature

