



2010 Summer Programs RETURNING Student Application

Application Checklist: RETURNING STUDENTS COMPLETE ONLY THIS TWO-SIDED APPLICATION.

- Summer Programs RETURNING Student Application (this form)
- \$100 refundable residential damage deposit **made payable to CNDC CBK**
- \$50 nonrefundable application fee **made payable to CNDC CBK**
- 50% tuition deposit **payable to CNDC CBK**
- Financial Aid/Merit Application if applying (pp.41-42)

Application Postmark Deadline is May 3, 2010

Early Bird Postmark March 31st or prior for \$50 off. Discount must be applied NOW.

Late applications will be accepted if RECEIVED no later than May 21st with an additional late fee of \$50.

Applicant Information

Applicant's Full Name: _____
Last First (Name you prefer to be called) M.I.

Complete Address: _____
Street City State Zip

Telephone: (____) _____ E-mail address (please print clearly): _____

Date of Birth: ____/____/____ Age (as of 1st day of the program you wish to attend): ____ years ____ months

Grade (beginning Fall 2010): _____ Gender (circle one): M F #Years Past Participant _____

Summer Program You Are Applying For (check only one - you must complete a separate application for each program):

- SHINE (students entering 4-6th grades): Aug 1-7
- GLOW (students entering 6-8th grades): June 13-26
- Luminary Project (students entering 8-11th grades): July 4-24

Are you applying for financial aid or a merit scholarship? No Yes

(If yes, you must submit a **Financial Aid and Merit Scholarship Application to be received by May 3, 2010**)

Parent Contact Information

Parent/Guardian Name: _____
Last First

Occupation: _____ Place of employment: _____

Home Number: (____) _____ Business/Cell Phone: (____) _____

Parent/Guardian Name: _____
Last First

Occupation: _____ Place of employment: _____

Home Number: (____) _____ Business/Cell Phone: (____) _____

With whom does the student live? _____ Relationship to Student : _____

Course Request

First choice courses are assigned when possible. Courses are awarded on a first-come, first-served basis & waitlisted.

First Choice Course (required): _____

Second Choice Course: _____

Third Choice Course: _____

I only want my first choice. I understand that if I do not get it, I will forfeit my \$50 application fee.

School Information

Name of School (for Fall, 2010): _____ Contact: _____

School Address: _____
Street or P.O. Box City State Zip

School Telephone #: (____) _____ Type of School: Public Private Parochial Other

Terms of Agreement—Applications will not be processed without the following signatures

- A. **This statement must be read carefully, signed and dated by the applicant:** I understand that CBK Summer Programs are academic residential programs and that I am expected to be committed to my studies and participatory in the residential program. I will comply with all of the rules and policies established for all aspects of the program. I understand that I may be dismissed from the program, or may not be invited back to the program next year, if I fail to fulfill this commitment.

Signature of Applicant: _____ Date: _____

- B. **This statement must be read carefully, signed and dated by the applicant's parent and/or legal guardian:** I hereby allow my child to participate in CBK Summer Programs. I have read the catalogue carefully and I realize that while CBK can help my child with his/her future education, it cannot be responsible for direct articulation with his/her school. I will be responsible for arrangements with the school to award credit to my child if he/she would like to attempt to receive credit.

I have enclosed an application fee of \$50 that I understand is not refundable under **any** circumstances, a refundable \$100 residential damage deposit, and a deposit for 50% of program tuition payable to CNDC CBK. Tuition deposits will be refunded only if my child is not accepted into CBK Summer Programs, we do not receive a sufficient financial aid award to attend, all course choices are cancelled, or we withdraw in writing prior to May 28 at 4pm MST. I understand that full payment is due no later than **May 21st**, or the program acceptance process will be discontinued. I also understand that in the event of my child's hospitalization or the death of a parent, guardian, or sibling during the program, up to 50% of prorated tuition will be refunded less the deposit. I understand that if I choose to withdraw my child at any time after **May 29, 4pm MST**, only my damage deposit will be refunded. If my child is dismissed from the program for violation of the CBK Summer Programs Honor Code or campus policy, I understand that only my damage deposit will be refunded if appropriate. I will also take responsibility for all costs associated with my child's immediate return home within 24 hours of the dismissal call from the Executive Director.

For information about reasonable accommodations for a student with a disability or special need, please call CBK at 303-428-2634.

Signature of Parent or Legal Guardian: _____ Date: _____

CBK Contact Information

Please mail all application materials to:
**Center for Bright Kids
Summer Programs
9975 Wadsworth Pkwy, K2#504
Westminster, CO 80021**

**Applications must be complete with all required application materials before they will be processed.
No hand-delivered or faxed applications will be accepted.**

Please contact CBK if you have any questions:

**303-428-2634
cbk@centerforbrightkids.org
www.centerforbrightkids.org**