



2012 Summer Programs RETURNING Student Application

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

- Summer Programs RETURNING Student Application (this form)
- \$50 nonrefundable application fee **made payable to CNDC CBK**
- 50% tuition deposit **payable to CNDC CBK**
- Financial Aid/Merit Application if applying

Application Postmark Deadline is April 30th, 2012

Early Bird Postmark March 12th or prior for \$50 off. Discount must be applied NOW. Take your \$30 30-YEAR Discount NOW.

Late applications will be accepted if RECEIVED no later than May 21st with an additional late fee of \$100.

Applicant Information

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

Mailing address: _____ City: _____ State: _____ Zip: _____

Telephone: (____) _____ E-mail address (please print clearly): _____
Email address must be that of a parent/guardian (not the student!)

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

Grade (beginning Fall 2012): _____ Gender (circle one): M F #Years Past Participant _____

Summer Program You Are Applying For (check only one):

- SHINE (students entering 4-6th grades): Jul 29-Aug 4
- GLOW (students entering 6-8th grades): June 10-23
- Luminary Project (students entering 8-11th grades): July 1-21

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

(If yes, you must attach a **Financial Aid and Merit Scholarship Application to be received by April 30th, 2012**)

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 assigned 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, 2012): _____ 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, 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 25th at 4pm MST (incurring a 9% fee). 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 a 9% fee. I understand that if I choose to withdraw my child at any time after **May 25th, 4pm MST**, there will be no refund of any monies paid. I understand the Student Conduct policies and if my child is dismissed from the program for violation of the CBK Summer Programs Honor Code or campus policy, I understand that I will receive no refund. I will also take responsibility for all costs associated with my child's immediate return home within 12 hours of a 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**