

**Montclair State University**  
**Gifted & Talented Program**  
**Fall 2009 Application**

*Please print or type and fill out completely. A separate application must be submitted for each student. Applications may be faxed or mailed.*

**Personal Information**

First time enrollment? \_\_\_\_\_ Yes (Attach proof of Academic giftedness)

Previous enrollment: \_\_\_\_\_ No (Prior semester/year of enrollment) (        /        )

How did you learn about this program? \_\_\_\_\_

Student's Name (First/Middle/Last): \_\_\_\_\_

Address (Street): \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: (        ) \_\_\_\_\_ Parent Email Address: \_\_\_\_\_

Birth Date (Month/Day/Year): \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Current Grade: \_\_\_\_\_

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

School City/State/Zip: \_\_\_\_\_

\*\*\*\*\*

Parent(s) or Guardian(s):

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

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Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

# Fall 2009 Application

## Program and Course Selections

Student's Name: (First/Middle/Last): \_\_\_\_\_

Day of the Week you are Requesting: Saturday \_\_\_\_\_ Sunday \_\_\_\_\_

### 8 Week Sessions

Early Explorers (Grades K-1)-option of 1 or 2 courses:

I am registering for 1 class: \_\_\_\_\_ 1<sup>st</sup> choice \_\_\_\_\_ 2<sup>nd</sup> choice \_\_\_\_\_

I am registering for 2 classes: \_\_\_\_\_ Period 1: 1<sup>st</sup> choice \_\_\_\_\_ 2<sup>nd</sup> choice \_\_\_\_\_  
Period 2: 1<sup>st</sup> choice \_\_\_\_\_ 2<sup>nd</sup> choice \_\_\_\_\_

Gateways Program (Grades 2 -3)-option of 1 or 2 courses:

I am registering for 1 class: \_\_\_\_\_ 1<sup>st</sup> choice \_\_\_\_\_ 2<sup>nd</sup> choice \_\_\_\_\_

I am registering for 2 classes: \_\_\_\_\_ Period 1: 1<sup>st</sup> choice \_\_\_\_\_ 2<sup>nd</sup> choice \_\_\_\_\_  
Period 2: 1<sup>st</sup> choice \_\_\_\_\_ 2<sup>nd</sup> choice \_\_\_\_\_

Foundations (Grades 4-5)  
(two courses required)

Period 1: 1<sup>st</sup> choice \_\_\_\_\_ 2<sup>nd</sup> choice \_\_\_\_\_

Period 2: 1<sup>st</sup> choice \_\_\_\_\_ 2<sup>nd</sup> choice \_\_\_\_\_

Academic Balance (Grade 6)  
(two courses required)

Period 1: 1<sup>st</sup> choice \_\_\_\_\_ 2<sup>nd</sup> choice \_\_\_\_\_

Period 2: 1<sup>st</sup> choice \_\_\_\_\_ 2<sup>nd</sup> choice \_\_\_\_\_

Academic Horizon (Grade 7)  
(two courses required)

Period 1: 1<sup>st</sup> choice \_\_\_\_\_ 2<sup>nd</sup> choice \_\_\_\_\_

Period 2: 1<sup>st</sup> choice \_\_\_\_\_ 2<sup>nd</sup> choice \_\_\_\_\_

Academic Junior (Grade 8) -option of 1 or 2 courses:

I am registering for 1 class: \_\_\_\_\_ 1<sup>st</sup> choice \_\_\_\_\_ 2<sup>nd</sup> choice \_\_\_\_\_

I am registering for 2 classes: \_\_\_\_\_ Period 1: 1<sup>st</sup> choice \_\_\_\_\_ 2<sup>nd</sup> choice \_\_\_\_\_  
Period 2: 1<sup>st</sup> choice \_\_\_\_\_ 2<sup>nd</sup> choice \_\_\_\_\_

Academic Senior (Grades 9 -11) -option of 1 or 2 courses:

I am registering for 1 class: \_\_\_\_\_ 1<sup>st</sup> choice \_\_\_\_\_ 2<sup>nd</sup> choice \_\_\_\_\_

I am registering for 2 classes: \_\_\_\_\_ Period 1: 1<sup>st</sup> choice \_\_\_\_\_ 2<sup>nd</sup> choice \_\_\_\_\_  
Period 2: 1<sup>st</sup> choice \_\_\_\_\_ 2<sup>nd</sup> choice \_\_\_\_\_

**Special Workshop: October 3<sup>rd</sup> & 10<sup>th</sup>:**

Grades 3 – 6: Book Illustration 12:15-3:15 \$175.00 \_\_\_\_\_ (Check)

Grades 7-11: T-Shirt Design and CD illustration 8:45-11:45 \$175.00 \_\_\_\_\_ (Check)

# Fall 2009 Application

## Method of Payment

Please make your tuition payment payable to:

**Montclair State University  
Gifted & Talented Program  
One Normal Avenue  
Montclair, NJ 07042**

Or You May Fax Your Application to:

**(973) 655-7895**

Circle method of payment:    MasterCard                  Visa                  Check Money Order

**(We do not accept American Express or Discover)**

Credit Card/check or money order number: \_\_\_\_\_

Expiration Date: (Month/Year): \_\_\_\_\_

Name of Credit Card Holder: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Amount to be charged:

1 Class . . . . .	325.00
2 Classes . . . . .	625.00
Sibling Discount . . . . .	-\$32.50 one class/\$62.50 two classes
Faculty/Staff/Alumni Discount. . . . .	-48.75 one class/\$93.75 two classes
Workshop: October 3 <sup>rd</sup> & 10 <sup>th</sup> . . . . .	\$175.00

Total Tuition \_\_\_\_\_

Sibling Discount \_\_\_\_\_

Faculty/Staff/Alumni Discount\* \_\_\_\_\_

Total Amount Paid: \_\_\_\_\_

Do not include my name for carpooling: \_\_\_\_\_ Check if applicable. Media Consent: Photographs of classes and other student activity are regularly taken during the Gifted Youth Program. Submission of an application/registration form is parental permission allowing the Gifted Youth Program to use photographs of their children for media coverage or for future brochures or other printed material. Children will not be identified by name. If you do not want your child's picture used, please indicate by signing your name \_\_\_\_\_.

\*MSU NetID: \_\_\_\_\_

\*Alumni must submit proof of degree.

**ACADEMICALLY GIFTED & TALENTED YOUTH PROGRAMS**  
**Fall 2009/Spring 2010**

**Medical History and Consent Form**

Please indicate the session your child is attending: Saturday (10/03-11/21) \_\_\_\_\_ Sunday (10/04-11/22) \_\_\_\_\_

Please indicate the appropriate grade level: Grades 1-3 \_\_\_\_\_ Grades 4-11 \_\_\_\_\_

**Questions contact the Office: 973-655-4104**

**This form must be completed for each child enrolling.**

**(Please Print)**

Student's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Age: \_\_\_\_\_

**Medical History Information:**

**Does your child have any allergies to food?** NO \_\_\_\_\_ YES \_\_\_\_\_

If yes, please list foods: \_\_\_\_\_

**Does your child have any allergies to insect bites?** NO \_\_\_\_\_ YES \_\_\_\_\_

If yes, please list type of insect and allergic reaction:

\_\_\_\_\_

\_\_\_\_\_

**Does your child carry an Epi-Pen or other type of medication treatment for the above allergies?**

NO \_\_\_\_\_ YES \_\_\_\_\_ Does he/she know how to administer this treatment? NO \_\_\_\_\_ YES \_\_\_\_\_

**Is your child currently on medication that will need to be taken during program hours?**

NO \_\_\_\_\_ YES \_\_\_\_\_ If yes, please list medications and scheduled times:

\_\_\_\_\_

\_\_\_\_\_

**Children are responsible for carrying and administering their own medication.**

**Assistance will be provided if necessary by staff members.**

**Does your child have any medical conditions that we should be aware of if care is needed** (for example asthma, seizure disorder, bleeding disorder)? NO \_\_\_\_\_ YES \_\_\_\_\_

If yes, please list: \_\_\_\_\_

\_\_\_\_\_

**Has your child had any of the following symptoms in the past 7 days?**

1. **Fever (100 F or greater)?** NO \_\_\_\_\_ YES \_\_\_\_\_

2. **Sore throat?** NO \_\_\_\_\_ YES \_\_\_\_\_

3. **Cough?** NO \_\_\_\_\_ YES \_\_\_\_\_

If you checked "yes" for fever **AND** one or two of the other symptoms, your child **must** be free from all of these symptoms for **seven (7)** days before attending the weekend courses.

**ACKNOWLEDGMENT OF RISK AND CONSENT FOR TREATMENT:** I, the undersigned, hereby acknowledge that certain risks of injury are inherent to any children's program, including but not limited to participation in classroom, recreational activities, sporting activities, lesson/laboratory experiments, transportation to, from the program, child's failure to follow instructions of supervisors, communicable illness, and independent acts of third parties not under the control of supervisors. I acknowledge that all risks cannot be prevented, and assume those beyond the control of the University staff. These types of injuries may be minor or serious and may result from one's actions, or the actions or inactions of others or a combination of both.

I will take responsibility to see that my child is prepared for all activities and is in good health each day of the session. I hereby assume all risks associated with participation in Montclair State University's Academically Gifted and Talented program and agree to hold harmless Montclair State University, its Academically Gifted and Talented Program, its directors, officers, employees, agents, representatives, counselors, volunteers, et al from and against any and all claims, demands, losses or liability of any kind or nature which may arise in connection with injuries suffered to my child while enrolled/participating in Montclair State University's Academically Gifted and Talented program.

In case of medical emergency, I understand that every reasonable attempt will be made to contact me or the emergency contact named below. However, in the event that I or my named contacts cannot be reached, I give my permission to the adults in charge of the Gifted and Talented Programs to secure and receive emergency medical or first aid treatment for my child, including transport via ambulance to a hospital if necessary. I consent to the sharing and release of any medical information listed above with the appropriate staff members of the Gifted and Talented program and/or medical personnel that may be necessary to ensure the safety and wellbeing of my child. I agree to pay for any charges for emergency medical treatment that are not covered by my personal health insurance. This acknowledgment applies to this session and any additional sessions of the 2009- 2010 Gifted and Talented Programs for which I may register my child.

I have read and understand the above informed consent agreement in its entirety and hereby give my consent for the registrant to participate knowing all of the foregoing.

\_\_\_\_\_  
Parent/Guardian Name (please print)                      Parent/Guardian Signature (required)                      \_\_\_\_\_  
Date

**Emergency Weekend Contact(s) (If parent is unavailable) (please print)**

1) Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Daytime Phone# \_\_\_\_\_ Alternate or Cell Phone# \_\_\_\_\_

2) Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Daytime Phone# \_\_\_\_\_ Alternate or Cell Phone# \_\_\_\_\_

Please notify us of any changes.