

## **Checklist for On-line Registration**

- **Completed Applicant Questionnaire**
- **Completed Parent/Guardian Questionnaire**
- **Completed Credit Card Authorization Form for Required Deposit**
- **Completed Workshop Registration**
- **Read Rules Sheet and Accept Terms(participant and parent)**
- **If You Are a New Applicant, Print Two School Personnel Recommendation Forms and Have Them Mailed to the Carroll College Gifted Institute**

## NEW APPLICANT QUESTIONNAIRE

Your Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Current Grade Placement \_\_\_\_\_ Sex \_\_\_\_\_ M \_\_\_\_\_ F

Birth date (month, day, year) \_\_\_\_\_ Age \_\_\_\_\_

1. Why do you want to be accepted to the Gifted Institute?

2. What do you believe are your greatest strengths?

3. What do you believe are your greatest weaknesses?

**This form has been completed by:**

**(Applicant's Signature)** \_\_\_\_\_

## PARENT/GUARDIAN QUESTIONNAIRE

Father's/Male Guardian's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Numbers: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Mother's/Female Guardian's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Numbers: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Applicant's Name \_\_\_\_\_ Age: \_\_\_\_\_

Applicant: Male \_\_\_\_\_ Female \_\_\_\_\_ Current Grade Placement \_\_\_\_\_

Email Address for Applicant \_\_\_\_\_

- \*1. Why do you want your child to be accepted to the Gifted Institute?
- \*2. What characteristics or behaviors have you observed that would indicate your child is gifted?
3. Has your child experienced any problems at school? If so, briefly explain.
4. Does your child have any physical handicaps? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, please explain.
5. Is your child on any medication? Yes \_\_\_\_\_ No \_\_\_\_\_  
**Please be advised that the Gifted Institute staff members will assume no responsibility for the administration of the medication. Your child must be able to take the medication by himself or herself, without the Gifted Institute staff members' assistance.**
6. Does your child have any allergies? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, please explain.

This form has been completed by:

(Parent's/Guardian's Signature): \_\_\_\_\_

\* Parents/Guardians of previous participants need not answer questions 1 and 2.

Participant Name \_\_\_\_\_

### WORKSHOP REGISTRATION

Listed below are the 4 time slots during which workshops are offered. For **each time slot** rank all ten workshops - #1 being the one you want the most, #2 second, #3 third, #4 fourth, etc. Because some workshops have limited enrollment, **PLEASE RANK ALL WORKSHOPS in each time slot.** If you previously attended the institute, please place an asterisk (\*) next to those workshops you participated in.

**8:45-10:15**

- ~~Full Bored Games (by Kim Stout)~~
- ~~Full Creative Writing: The Graphic Novel (by Shane Castle)~~
- ~~Nature Writing and Short Stories (by Patricia Tyhurst)~~
- ~~Full Numbers (by Michelle Christianson)~~
- ~~Our Planet – Plan It! (by Dan Erving)~~
- ~~Proportional Reasoning: Math for All Seasons (by Jack Oberweiser)~~
- ~~Storytime Yoga (by Joanna Easton)~~
- ~~Full Theatre Games (by Michael McNeilly)~~
- ~~Full Twilight (by Lindsay DePuydt)~~
- ~~Full You Make the Law! (by Jason Neiffer)~~

**10:30-12:00**

- ~~Full Being Creative with Computers (by Patricia Tyhurst)~~
- ~~Books in Action (by Michelle Christianson)~~
- ~~Fun Playing Chess (by Hans Martin)~~
- ~~Geometry All Around Us (by Jack Oberweiser)~~
- ~~Full Movies, Movies, Movies (by Michael McNeilly)~~
- ~~Full Olympic Trials (by Kim Stout)~~
- ~~Full Pencil Power (by Stefanie Erving)~~
- ~~Walt Disney: The Man Behind the Magic (by Joanna Easton)~~
- ~~Full Water World (by Dan Erving)~~
- ~~You know you want one! A History of Advertising... (by Jason Neiffer)~~

**3:30-5:00**

- ~~Full The Art of Argumentation and Persuasion (by Patricia Spencer)~~
- ~~Beginning Sign Language (by Stefanie Erving)~~
- ~~Full Beginning Web Design (by Jeff Wald)~~
- ~~Full Broadcast Your World (by Jason Neiffer)~~
- ~~Chances Are (by Jack Oberweiser)~~
- ~~Full Fitness Fitness Fitness (by Mike Chaet)~~
- ~~A Great Knight (by Patricia Tyhurst)~~
- ~~Introduction to Journalism (by Shane Castle)~~
- ~~Montana Intents (by Dan Erving)~~
- ~~Full Sportstacking (by Michelle Christianson)~~

**6:00-7:30**

- ~~Advanced Web Design (by Jeff Wald)~~
- ~~Close Encounters with Lewis & Clark (by Dan Erving)~~
- ~~Full Color My World (by Patricia Tyhurst)~~
- ~~Full Creative Writing: The Yarn (by Shane Castle)~~
- ~~Full Culinary Experience (by Michelle Christianson)~~
- ~~Exploring Change Through Mathematics (by Jack Oberweiser)~~
- ~~Full Flash Animation (by Dan Case)~~
- ~~Full Law and Order! (by Jason Neiffer)~~
- ~~P. S. I Love You! (by Stefanie Erving)~~
- ~~Full Puppetry (by Chuck Driseoll)~~

## RULES

Every group needs rules to keep “things” running smoothly. Here are some of the rules that you must adhere to:

1. You will stay in Guadalupe Hall at Carroll College.
2. You will eat in Carroll’s Campus Center Building.
3. You will not be allowed to leave Carroll’s Campus without being chaperoned by the counselors or instructors of the Gifted Institute.
4. **Other than your parents or guardians, you may not have visitors** unless arrangements are made between the Gifted Institute Director and your parent or guardian before the Gifted Institute begins.
5. No participant will be allowed to have a car on Carroll’s Campus.
6. Your parent or guardian will be required to sign a medical release form after you have been accepted.
7. A deposit of \$100.00 will be **REQUIRED** with these formal application materials. The remaining balance will be payable as soon as possible or on the first day of the Institute.
8. All college property must be maintained in the same condition it was in when occupancy began. Any damages discovered to the rooms will be billed to the occupants.
9. No notices nor tape of any kind can be placed on any surfaces other than the glass surfaces and the room doors. (No adhesive substances can be used to adhere notices to the painted surfaces, carpets, the walls, etc...)
10. Tampering with the screens is prohibited. Any tampering or removal of screens will result in a fine of \$40.00.
11. All common areas are to be kept clean. (Common areas include: laundry rooms, toilet and shower areas, recreation rooms, kitchens, hallways, and entrances.)
12. Reasonable quiet must be maintained in the residence hall. Stereos, radios, and any noise-producing equipment must be kept at a reasonable level in order not to become a source of disturbance.
13. All refuse is to be placed in garbage receptacles for removal.
14. All residence hall policies must be adhered to. These will be enumerated when you arrive.
15. Any student who does not demonstrate positive behavior will be sent home at the parent’s/guardian’s expense.
16. Any student on medication must be able to take the medication by himself or herself, without Gifted Institute staff members’ assistance.

**Cut along dotted line and return the bottom portion.**

.....

I have read these rules for the 2009 Gifted Institute and I agree to adhere to them if I am accepted.

APPLICANT’S SIGNATURE \_\_\_\_\_

I have read these rules for the 2009 Gifted Institute and expect my child to adhere to them.

PARENT’S/GUARDIAN’S SIGNATURE \_\_\_\_\_

## SCHOOL PERSONNEL RECOMMENDATION FORM

As part of the requirements for applying for Carroll College's Gifted Institute, each student must obtain two recommendations from school personnel. Please assist the student and the Gifted Institute by completing this form.

Name of Applicant \_\_\_\_\_

Name of Reference (please print) \_\_\_\_\_

Position \_\_\_\_\_

How long and in what capacity have you known the student?

1. Place an (x) in the space opposite each description that best characterizes the applicant:

	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>
Ability to cooperate with authority	_____	_____	_____	_____
Ability to cooperate with peers	_____	_____	_____	_____
Leadership ability	_____	_____	_____	_____
Ability to communicate written ideas clearly	_____	_____	_____	_____
Ability to communicate oral ideas clearly	_____	_____	_____	_____
Creativity	_____	_____	_____	_____
Academic Potential (As measured by observation or standardized tests)	_____	_____	_____	_____
Academic Production (As measured by report card grades and assignments)	_____	_____	_____	_____
Ability to perform high level thinking strategies	_____	_____	_____	_____

2. What are this applicant's greatest assets?

3. What are this student's weaknesses?

4. Recommendation: (Check one)

\_\_\_\_\_ Will recommend this student for the Gifted Institute.

\_\_\_\_\_ Will not recommend this student for the Gifted Institute.

5. Please make any additional remarks that you feel would be valuable.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # (home) \_\_\_\_\_ Phone # (school) \_\_\_\_\_

**Mail to: Gifted Institute, Carroll College, 1601 N. Benton Ave, Helena, MT 59625**

## SCHOOL PERSONNEL RECOMMENDATION FORM

As part of the requirements for applying for Carroll College's Gifted Institute, each student must obtain two recommendations from school personnel. Please assist the student and the Gifted Institute by completing this form.

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Name of Reference (please print) \_\_\_\_\_

Position \_\_\_\_\_

How long and in what capacity have you known the student?

1. Place an (x) in the space opposite each description that best characterizes the applicant:

	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>
Ability to cooperate with authority	_____	_____	_____	_____
Ability to cooperate with peers	_____	_____	_____	_____
Leadership ability	_____	_____	_____	_____
Ability to communicate written ideas clearly	_____	_____	_____	_____
Ability to communicate oral ideas clearly	_____	_____	_____	_____
Creativity	_____	_____	_____	_____
Academic Potential (As measured by observation or standardized tests)	_____	_____	_____	_____
Academic Production (As measured by report card grades and assignments)	_____	_____	_____	_____
Ability to perform high level thinking strategies	_____	_____	_____	_____

2. What are this applicant's greatest assets?

3. What are this student's weaknesses?

4. Recommendation: (Check one)

\_\_\_\_\_ Will recommend this student for the Gifted Institute.

\_\_\_\_\_ Will not recommend this student for the Gifted Institute.

5. Please make any additional remarks that you feel would be valuable.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # (home) \_\_\_\_\_ Phone # (school) \_\_\_\_\_

**Mail to: Gifted Institute, Carroll College, 1601 N. Benton Ave, Helena, MT 59625**

**AUTHORIZATION OF PAYMENT TO CARROLL COLLEGE GIFTED INSTITUTE**

By **VISA – MASTERCARD – DISCOVER** (circle one)

(Please Print)

Student Name \_\_\_\_\_

Name on Credit Card \_\_\_\_\_ Expiration Date \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_

Credit Card Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone No. \_\_\_\_\_ Home Phone No. \_\_\_\_\_

I authorize Carroll College to use my credit card: 1) to pay the deposit for the Gifted Institute. \_\_\_\_\_

**OR** 2) to pay the full/remaining tuition for the Gifted Institute. \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_