

Cougar Kids Academy Workshop Registration Form

CHICAGO STATE UNIVERSITY

CATs Cougar Kids Workshop for Elementary & Middle School Students

Dear Chicago State University Community,

This summer, 2007, Chicago State University and surrounding community colleges are offering a program to outstanding high school juniors & seniors who may want to become teachers. On one afternoon of that program, we need intermediate & middle school students to learn from the high school students what we have taught them. These will be integrated science and math lessons about the World of Chocolate.

Would you give permission for your student (s) to attend the workshop? The date and time is:
Tuesday 7/24/2007 12:30 p.m. to 3 p.m., Education Building, ED 200, Chicago State University

In addition, your child will be eligible for the CATs Homework Club during the school year. The Homework Club will be held from 4 p.m. to 8 p.m. M to R in ED 112W. There will be one-time membership fee of \$25. The first twenty children registered will have their fee returned. Additional children will be charged \$5 an hour for tutoring.

Please visit <http://www.csu.edu/CollegeOfEducation/CATS/> for registration information.

Also, if enrolled in this program, other services are available for a small fee through the Teachers' Writing & Resource Center for any special study needs, if we can identify the areas needing assistance:

- Online modules in Reading, Language Arts, Writing, Math and Science. (\$20 access fee for all)
- CD-ROM's available for \$2 in all school areas for tutoring in specific areas. \$1 may be refunded if you choose to return them later. An installment disc is needed for the first disc (also \$2).

PERMISSION FORM

- I give permission for my child(ren) _____ to attend the CATs Cougar Kids Academy for Elementary and Middle School Students and hereby remit a \$25 holding fee. The fee will be returned if the student attends both sessions.
- I would like an appointment with TWRC to analyze additional assistance that may be needed in the area (s) of:
_____.
- I give permission for any photos taken of my child(ren) to be used for reports and publicity purposes only.
- I give permission for my child(ren) to complete activities that involve chocolate. I understand that if my child(ren) have any life-threatening allergies or chemical sensitivities that I will notify the CATs staff and complete an emergency response form.

Please return form to:

Professor Jerry Grim, TWRC Director & CATS Director
Chicago State University, 9501 S. King Drive, ED 111, Chicago, IL 60628
773.995.2215 vm / 773.821.2831 fax

Cougar Kids Academy Workshop Registration Form

CHICAGO STATE UNIVERSITY

CATs Cougar Kids Workshop for Elementary & Middle School Students

PERSONAL INFORMATION

To be completed by student applicant with assistance from parents/guardians. Please type of print.

Applicant's Name (Last, First, Middle)	Preferred Name	Social Security Number

Home Address	Telephone Number
	()

City, State, Zip Code	County	E-mail Address

Birth Date	Place of Birth	Gender	Social Security Number
		<input type="checkbox"/> Male <input type="checkbox"/> Female	- -

School Currently Attending	School Telephone Number	Name of Principal
	()	

School Address	City	State	Zip

Academic Record	
Total Credit Earned:	
Subjects Failed, if any:	
Number of Days Absent This Year:	
Last Year:	

*Race or Ethnic Origin (indicate all that apply)

<input type="checkbox"/> African American	<input type="checkbox"/> Asian American	<input type="checkbox"/> Caucasian	Primary:
<input type="checkbox"/> Latino	<input type="checkbox"/> Native American	<input type="checkbox"/> Other (specify)	Secondary:

Parent(s)/Guardian(s)	Relatives Who Have Attended Chicago State	
Name(s)	Applicant lives with	1.
	<input type="checkbox"/> Both Parents <input type="checkbox"/> Other	2.
	<input type="checkbox"/> Father <input type="checkbox"/> Mother	3.
		4.

Family Information					
Father's Name	Living? Y / N	Mother's Name	Living? Y / N		
Address:		Address:			
City:	State:	Zip:	City:	State:	Zip:
Occupation:			Occupation:		
Work Phone ()	Home Phone ()	Work Phone ()	Home Phone ()		
Applicant's Brothers/Sisters		Age	School		Gender
1.					
2.					
3.					
4.					

*EQUAL OPPORTUNITY INFORMATION: State government policy prohibits discrimination based on race, sex, color, creed, national origin, age or disability. The sole purpose of gathering this information is to ascertain the effectiveness of recruitment efforts in searching all segments of the population and to ensure that proper facilities are available to serve all students selected for admission.

Parent/Guardian Signature

Date