



UNIVERSITY of DENVER

RICKS CENTER FOR GIFTED CHILDREN

RICKS ROADRUNNERS Application for Enrollment

Today's Date _____

Child's Name _____ Child goes by _____ Birthdate _____ Gender _____

Age/Grade _____ Applicant presently attends _____
School Name Previous Schools attended

How did you learn about the Ricks Center _____

Parent/Guardian 1

(Name)

(Date and Place of Birth)

(Address)

(City, State, Zip)

(Home)

(Cell)

(Email Address)

Parent/Guardian 2

(Name)

(Date and Place of Birth)

(Address)

(City, State, Zip)

(Home)

(Cell)

(Email Address)

Applicant living with: _____
(Adult names and relationship)

(Siblings and other children, names and relationship)

Language(s) spoken in the home: _____

Does your child need any special accommodations to participate in a group? _____

If so, please explain: _____



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Ricks Roadrunners Dates

Please indicate all sessions you would like to register for:

Week 1	June 12-16	\$310
Week 2	June 19-23	\$310
Week 3	June 26-30	\$310
Week 4	July 3-7 (closed on the 4 th)	\$310
Session I (Weeks 1-4)	June 12-July 7	\$1,200
Week 5	July 10-14	\$310
Week 6	July 17-21	\$310
Week 7	July 24-28	\$310
Week 8	July 31- Aug 4	\$310
Session II (Weeks 5-8)	July 12-Aug 4	\$1,200

Total Amount Due \$ _____

A \$75 application fee must accompany all registrations for new applicants.

If paying by check, please make checks payable to the University of Denver

Parent Signature

_____ (Signature)

_____ (Date)

Once we have received and processed your application, you will be directed to our online registration system to complete all program specific forms including but not limited to medical forms, release etc.