

# REGISTRATION REMINDERS

- ◆ Serious consideration should be given to the child's abilities and interests. We strongly recommend that children, rather than parents, choose classes.
- ◆ Only one child per registration form. Please print clearly. Requests for children to be placed together in a class must be mailed in the same envelope, include instructions.
- ◆ Do NOT include lab fee with registration. Pay lab fees to teacher on first day of class.
- ◆ Registrations mailed after **January 22, 2011** should include non-refundable \$25 late fee (maximum \$50 late fee per family). Returned checks will result in \$20 fee.
- ◆ Parents who assist in their children's classrooms report much greater appreciation for this program and its classes.
- ◆ Parents who are not assisting in classrooms are encouraged to stay in the **Parent Hospitality Room** for coffee and conversation.
- ◆ **Educational events for parents** are presented free of charge and are typically held in the **Parent Hospitality Room**. Past presentations have covered such topics as Parent Effectiveness Training, Literature for Gifted Children, Advocacy, Post-Secondary Education, Home-Schooling and Open Forum Discussions. Confirmation letters and posted signs detail the specific speakers and dates for each session.
- ◆ **Spirit Wear** is sold on the first and fourth Saturdays of each session in the **Parent Hospitality Room**.

Checks payable to: **The Super Saturday Program**  
Mail to: **The Super Saturday Program**  
**PO Box 375**  
**Cincinnati, Ohio 45201**

# FINANCIAL AID/GRANTS

A limited number of tuition and lab fee grants are available each term. For consideration, please include documentation with your registration that your child qualifies for a government assistance program (i.e. Medicaid, W.I.C., or free/reduced price lunch).

Other grant opportunities may be available. Please check our website <http://www.supersaturday.org>, call (513) 786-6826, or email [messagecenter@supersaturday.org](mailto:messagecenter@supersaturday.org) to find out more about those opportunities.

# PROFESSIONAL RECOMMENDATION

This section is to be completed by a psychologist, psychiatrist, psychometrist or a school professional (teacher, principal or gifted coordinator). A professional recommendation is needed only by students enrolling for the first time or by those who haven't participated in *The Super Saturday Program* within the last two years.

I certify that \_\_\_\_\_ meets one of the following criteria:  
(name of student)

Check One:

- Mental ability (I.Q.) of a standard score on a cognitive ability measure equivalent to the 95th (or above) percentile.
- Achievement test scores in "Total Reading" or "Total Math" at (or above) the 95th percentile.
- Although test scores are not available or appropriate, this student has shown evidence of **outstanding intellectual achievement or potential**. (Narrative description must be included below.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_

Institution \_\_\_\_\_ Phone # \_\_\_\_\_

# SPONSOR A STUDENT

Your tax deductible contribution can help provide a scholarship for a student who wouldn't otherwise be able to participate in The Super Saturday Program. Thank you very much for your support!

- Sponsor a student - \$100
- Sponsor a lab fee - \$30
- Sponsor a tuition - \$75
- Other - \$ \_\_\_\_\_

Name \_\_\_\_\_ Total Amount enclosed \_\_\_\_\_