

2521 Galen Drive
Champaign, IL 61821
(217) 356.6995 Phone
(217) 356.6345 Fax

nextgenerationschool.com

Next Generation School

NGS Enrichment Camps Registration Form

Instructions:

1. Complete all registration forms per student by FRIDAY, MAY 23.
2. Submit registration forms and payment (see information on payment below) to Next Generation Primary & Middle School at 2521 Galen Dr., Champaign, IL 61821.

Payment:

- TUITION FEE = \$100 standard or \$60 if dual-enrolled in NGS Summer Camp or NGS Middle School Science Camp
- SUPPLY FEE = Amount Varies (See catalog for each camp's specified supply fee. Supply fees are non-refundable.)
- Payment is accepted as CASH or CHECK made out to Next Generation School.
We apologize that we are unable to process electronic payments at this time.
- TUITION and SUPPLY FEES for all camps can be combined on a single check.
- Payment for siblings can also be combined on a single check (each student needs his/her own registration forms).
- The deadline to CANCEL a camp registration and receive a refund for TUITION is FRIDAY, MAY 30.

Student Information

First Name _____ Last Name _____

Date of Birth (mm/dd/yyyy) _____ Grade Entering as of 08/2014 _____

Camp Information

Camp Name _____

Camp meets from _____ to _____ from _____ p.m. to _____ p.m.

Payment Attached

Camp Name _____

Camp meets from _____ to _____ from _____ p.m. to _____ p.m.

Payment Attached

Camp Name _____

Camp meets from _____ to _____ from _____ p.m. to _____ p.m.

Payment Attached

Camp Name _____

Camp meets from _____ to _____ from _____ p.m. to _____ p.m.

Payment Attached

[CONTINUED ON BACK]

2521 Galen Drive
Champaign, IL 61821
(217) 356.6995 Phone
(217) 356.6345 Fax

nextgenerationschool.com

Next Generation School

NGS Enrichment Camps Registration Form

Camp Information

Camp Name _____

Camp meets from _____ to _____ from _____ p.m. to _____ p.m.

Payment Attached

Camp Name _____

Camp meets from _____ to _____ from _____ p.m. to _____ p.m.

Payment Attached

Camp Name _____

Camp meets from _____ to _____ from _____ p.m. to _____ p.m.

Payment Attached

Camp Name _____

Camp meets from _____ to _____ from _____ p.m. to _____ p.m.

Payment Attached

Camp Name _____

Camp meets from _____ to _____ from _____ p.m. to _____ p.m.

Payment Attached

Camp Name _____

Camp meets from _____ to _____ from _____ p.m. to _____ p.m.

Payment Attached

Parent Signature _____ Printed Name _____

Date (mm/dd/yyyy) _____

NOTE: STUDENTS WHO HAVE ENROLLED IN NGS SUMMER CAMP OR NGS MIDDLE SCHOOL SCIENCE CAMP DO NOT NEED TO FILL OUT SUBSEQUENT FORMS. THEY HAVE ALREADY BEEN COMPLETED.

Next Generation School

Emergency/Medical Information

Student Information

First Name _____ Last Name _____

Gender (circle) M F _____ Date of Birth (mm/dd/yyyy) _____

Emergency Contacts

Primary Contact

First Name _____ Last Name _____

Primary Phone # _____ Secondary Phone # _____

Secondary Contact

First Name _____ Last Name _____

Primary Phone # _____ Secondary Phone # _____

Contact to notify if parent/guardian(s) cannot be reached:

First Name _____ Last Name _____

Relationship _____ Preferred Phone # _____

Physician's Information

Name _____ Hospital _____ Phone # _____

Medical/ Special Needs Information

Allergies (list) _____

EPI Pen provided? YES NO

Medical Conditions/Disabilities (list) _____

Does your child take medication? YES NO If YES please specify (type, amount, time to administer):

Please list and explain any additional information important to the student (such as, but not limited to, special needs notable fears, restrictions for indoor/outdoor play, food issues, etc.)

Consent for Treatment

This is to certify that I hereby constitute and appoint NEXT GENERATION SCHOOL, INC., my true and lawful attorney, for the purpose of authorizing medical treatment to and the performance of any procedure determined to be necessary, after consultation with the Emergency or Family Physician, while the child listed above is in the care of Next Generation.

Parent/Guardian(s) Name (print) _____

Parent/Guardian(s) Signature(s) _____ Date(mm/dd/yyyy) _____

Medical Authorization

I/We, _____ and _____ of _____

(First Name and Last Name)

(First Name and Last Name)

_____, City of _____,

(Street Address)

(City)

County of _____, are the Parent(s)/Guardian(s) having legal custody of _____

(County)

_____, a minor child born _____.

(First Name and Last Name)

(Date of Birth MM/DD/YYYY)

We authorize Next Generation School, Inc., and in whose care the minor has been entrusted, and located at 2521 Galen Drive and 2416 Galen Drive, City of Champaign, County of Champaign, State of Illinois, to consent, in the case of an emergency, to medical or surgical diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of the minor's physician, _____,

(Doctor's Name)

of _____, or if he/she is unavailable or delegates this authority,

(Hospital/Office)

of any physician or surgeon licensed to practice in the State of Illinois, or any State where the minor is and to consent dental or surgical diagnosis or treatment, and hospital care, to be rendered to the minor by any dentist licensed to practice in the State of Illinois.

Dated _____, 2014.

(Month and Day)

Parent/Guardian(s) Name (print) _____

Parent/Guardian(s) Signature(s) _____ Date(mm/dd/yyyy) _____

Next Generation School

Summer Camp Waiver/ Field Trip & Travel Waiver

IMPORTANT INFORMATION

Next Generation School, Inc. is committed to conducting its programs and activities in a safe manner and holds the safety of participants in high regard. Next Generation School, Inc. continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors participating in NGS programs/activities must recognize that there is an inherent risk of injury when choosing to participate in recreational activities/programs. You are solely responsible for determining if your minor child/ward is physically fit and/or skilled for the variety of activities contemplated by this agreement.

WARNING OF RISK

The variety of NGS activities/programs are intended to engage the physical, mental and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of injury when participating in any recreational activity/program. Understandably, not all hazards and dangers can be foreseen. Depending on the particular activity, participants must understand that certain risks, dangers and injuries due to inclement weather, slipping, falling, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and all other circumstances inherent to indoor and outdoor recreational activities/programs exist. In this regard, it must be recognized that it is impossible for Next Generation School, Inc. to guarantee absolute safety.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

I recognize and acknowledge that there are certain risks of physical injury to participants in NGS programs/activities. In consideration of Next Generation School, Inc., accepting my child/ward into the school, I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in these program/activities against Next Generation School, Inc., including officials, officers, employees, and volunteers. I do hereby fully release and forever discharge Next Generation School, Inc., including officials, officers, employees, and volunteers, from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with these programs/activities.

Please read this form carefully and be aware that in signing up and participating in above identified programs/activities you will be expressly assuming the risk and legal liability waiving and releasing all claims for injuries, damages and/or loss which you and/or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with said programs/activities (including transportation services/vehicle operation when provided).

FIELD TRIP CONSENT FORM

I authorize Next Generation School to take my child on walking trips, local monthly field trips and to nearby public park and aquatic park facilities. I also authorize the child to ride as a passenger in a vehicle owned or leased by Next Generation School. I understand all such trips are under the supervision of Next Generation staff and that health and safety precautions are always taken. I understand that all Next Generation School field trips are optional.

Dated _____, 2014.
(Month and Day)

Student Name (print) _____

Parent/Guardian(s) Name (print) _____

Parent/Guardian(s) Signature(s) _____

Next Generation School

Summer Camp Photo/Media Release

A Note from our Summer Camp Coordinator

From the start of each summer camp, photos are taken of children while they participate in activities both in the classroom and during special programs (assemblies, field trips, music performances, etc.). These photographs provide us with a great way to communicate the engaging summer program we offer to our NGS community as well as the larger C/U community. In order to use these photographs in our publications, blog or website, we are requesting your permission.

Please be advised, ***no child will be identified by name either in print or on the website.***

Please fill out the bottom portion of this form to provide consent.

With deepest gratitude,

Gabi Cooper
Summer Camp Coordinator

NGS PHOTO POLICY

I hereby grant permission for photos of my child to be utilized by Next Generation School officials for the purposes of further informing our school community and the larger C/U community regarding the summer camp program available at NGS.

I understand that no names will be used regardless of whether photos will be used in publications or online.

Student's Name _____

Parent's Name _____

Parent's Signature _____

Date _____

We respect a parent's right to decline this permission. If you strongly prefer to not have NGS use any pictures of your child please call (217.356.6995) or email Ms. Gabi Cooper (ngssummercamp@gmail.com) at your earliest convenience to inform her of your decision.