Each week the students will explore the SCIENCE behind some of our favorite forms of entertainment: video games, amusement parks, computer animated movies, electronic toys, and more! Plus biweekly COMPUTER PROGRAMMING instruction!

Mornings of science and engineering will be balanced with afternoons of golfing, swimming, and other outdoor activities.

Swimming! Guest Speakers! Computer Programming! Science Labs! Field Trips! Daily Labs! Outdoor Fun!
When school is out for the summer, Next Generation School is the place to be! Our weekly science camp is an affordable, safe, and fun program for your middle school student! Activities include: swimming, field trips, guest speakers, science labs, and computer programming instruction!

Weekly Schedule

Sign up early – Limited spots available!

<table>
<thead>
<tr>
<th>Weekly Schedule</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Camp Kick-Off: May 28 - 31</td>
<td>$200 Per Week</td>
</tr>
<tr>
<td>Electricity: June 3 - 7</td>
<td>Includes full day program, bi-weekly swimming at Sholem &amp; Crystal Lake, and lab equipment</td>
</tr>
<tr>
<td>Video Games: June 10 - 14</td>
<td>$25 Registration Fee Per Student</td>
</tr>
<tr>
<td>RC Toys: June 17 - 21</td>
<td>Weekly Field Trips, Projects, &amp; Guest Speakers</td>
</tr>
<tr>
<td>CGI Movies: June 24 - 28</td>
<td>Some of these activities may be scheduled for small additional costs (normally &lt;$5). Whenever possible we arrange for activities that incur no additional cost!</td>
</tr>
<tr>
<td>Amusement Parks: July 1 - 5*</td>
<td>$15 late fee will be assessed for all payments submitted after 10:00 AM on student’s first day of attendance. $15 late fee will be assessed for every portion of a quarter hour students are picked up after 5:30 PM each evening (5:45 – 6:00: $15/child, 6:00 – 6:15: $30/child, etc.)</td>
</tr>
</tbody>
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$200 Per Week

Includes full day program, bi-weekly swimming at Sholem & Crystal Lake, and lab equipment

$25 Registration Fee Per Student

Weekly Field Trips, Projects, & Guest Speakers

Some of these activities may be scheduled for small additional costs (normally <$5). Whenever possible we arrange for activities that incur no additional cost!

REGISTRATION: Register at Next Generation School, 2521 Galen Drive, Champaign. To ensure a place for your student in our Science Camp Program we recommend that you register for the specific weeks you desire no later than Monday, May 6. Late registrations will be accepted if space is available at the discretion of the Program Director.

LOCATION: All Science Camp participants will be in the main NGS School Building at 2521 Galen Drive in Champaign.

WHAT TO WEAR: Participants should wear comfortable clothing and shoes each day.

WHAT TO BRING: Sack lunch, water bottle, sunscreen (no spray sunscreen, please), swimsuit, towel, and change of clothes. All items should be labeled with the student’s name and kept in a small bag that is transported to and from camp each day.

WHAT TO LEAVE AT HOME: Our staff will keep students involved in activities throughout the day that engage both their minds and their bodies. Please DO NOT SEND electronic games, laptops, or other personal possessions unless otherwise instructed. Students may bring a Kindle, iPod, or cell phone that can be used during transitions and at the end of the day.

Daily Schedule

8:00 – 9:00 The students will strengthen their critical thinking skills with board games and challenging math and logic puzzles.
9:00 – 9:30 Round Table – The camp counselors will share the daily schedule and supervise a round table in which students will discuss current events in science, such as new asteroids, developments in cancer research, and recent archaeological finds.
9:30 – 11:00 The students will venture out to locations around the Champaign-Urbana area on field trips or have a guest speaker during this time.
11:00 – 12:00 Social Hour – Students will build new friendships and bond with current friends over lunch and free time in our gymnasium.
12:00 – 2:00 In the Lab – The students will learn problem solving and teamwork skills through lab-based fun and computer programming instruction.
2:00 – 5:00 A great mind needs a healthy body! This time is saved for swimming at Sholem or Crystal Lake and other exciting outdoor activities.
5:00 – 5:30 The day winds down as students wait for parents while playing card games, listening to music, or reading.

QUESTIONS: Please feel free to call Ms. Gabi Cooper, Ms. Krystal Moya, or Ms. Kristin Sandone at 356.6995 with any questions you may have regarding the science camp for middle school students.
# Next Generation Summer Camp Registration Form

## Student Information:

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>M</td>
</tr>
<tr>
<td>Name</td>
<td>Last</td>
</tr>
<tr>
<td>Date of Birth (MM/DD/YYYY)</td>
<td>_____________________</td>
</tr>
<tr>
<td>Ethnic Background</td>
<td>_____________________</td>
</tr>
<tr>
<td>Age of Child at Date of Application</td>
<td>_____________________</td>
</tr>
<tr>
<td>Grade Child will be entering as of 08/2012</td>
<td>_____________________</td>
</tr>
</tbody>
</table>

## Parent or Guardian Information:

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent’s Name</td>
<td>_____________________</td>
</tr>
<tr>
<td>Last</td>
<td>First</td>
</tr>
<tr>
<td>Home Address</td>
<td>_____________________</td>
</tr>
<tr>
<td>Home Phone Number</td>
<td>(_____) _____ - _______</td>
</tr>
<tr>
<td>Business Phone Number</td>
<td>(_____) _____ - _______</td>
</tr>
<tr>
<td>Mobile Number</td>
<td>(_____) _____ - _______</td>
</tr>
<tr>
<td>Email Address</td>
<td>_____________________</td>
</tr>
</tbody>
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</tr>
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<td>Business Phone Number</td>
<td>(_____) _____ - _______</td>
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<td>Mobile Number</td>
<td>(_____) _____ - _______</td>
</tr>
<tr>
<td>Email Address</td>
<td>_____________________</td>
</tr>
</tbody>
</table>

## Other Person to Notify if Parent or Guardian Cannot Be Reached:

<table>
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<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>_____________________</td>
</tr>
<tr>
<td>Address</td>
<td>_____________________</td>
</tr>
<tr>
<td>Phone Number</td>
<td>(_____) _____ - _______</td>
</tr>
<tr>
<td>Relationship</td>
<td>_____________________</td>
</tr>
</tbody>
</table>
Medical History:
Is your child on medication? ☐ Yes ☐ No  If Yes, please specify:
__________________________________________________________________________________________________________
Medical problems or disabilities:
__________________________________________________________________________________________________________
Special needs for your child:
__________________________________________________________________________________________________________

Physician to Call if Child Becomes Ill or Injured:
Name: _______________________________  Address: ____________________________________________
Phone Number: (______) ______ - ___________  Hospital or Clinic: ________________________________

If the Child Has Any of the Following, Please Explain:
Restrictions for play – outdoors: ________________________________
Restrictions for play – indoors: ________________________________
Allergies: ______________________________________________________
Fears: _______________________________________________________
Other information that will help in caring for the child:
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________
Comments: _______________________________________________________________________________________
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________

I certify that the information provided on this application is accurate.
_________________________________________________  ______________________________________________
(Parent or Guardian Signature)  (Date)

T-Shirt Size:  S  M  L  AS  AM  AL  
Please include $10 for the Summer Camp T-shirt with this form.

My child will be attending on a weekly basis. (please check the appropriate weeks).
The tuition of $195.00 is due by 10:00 AM every Monday.

☐ Week 1: June 3 – 7  ☐ Week 6: July 8 – 12  ☐ Week 11: Aug. 12 – 16**
☐ Week 2: June 10 – 14  ☐ Week 7: July 15 – 19  (Limited Spots Available this week)
☐ Week 3: June 17 – 21  ☐ Week 8: July 22 – 26  **NO CAMP August 19 – 23
☐ Week 4: June 26 – 28  ☐ Week 9: July 29 – Aug 2 (Unit 4 schools begin on Aug.
☐ Week 5: July 1,2,3 & 5  ☐ Week 10: Aug 5 – 9  19  NGS begins Aug. 21)
(4 day week)

NGS STUDENTS:
☐ May 28 – 31 (4 day week)
Payments & Fees:

Weekly payments of $195 must be submitted at the time of initial drop-off each week.

A $15 late fee will be assessed for all payments submitted after the first hour of attendance.

A $15 late fee will be assessed for every portion of a quarter hour students are picked up after 5:30 PM each evening (5:45 – 6:00: $15/child, 6:00 – 6:15: $30/child, etc.)

What to wear:

Participants should wear comfortable clothing and gym shoes each day. (NO SANDALS) In our gym, we ask that campers not wear shoes that have been worn outside or socks (slippery feet!). Campers who wish to wear shoes may bring a pair designated for indoor use only.

What to bring:

*NEW* A DAILY sack lunch. (If a student forgets their lunch, we will place a courtesy call to the parents. An offer of a Lunchable will be made at the cost of $5.00 as an alternative. Payment will be due at pick-up the same day.)

Water Bottle, Sunscreen (No Spray Sunscreen), Swimsuit, towel, and change of clothes.

Flip flops may be brought ONLY to wear to and from the pool.

All items should be LABELED and kept in a small bag that is transported to and from camp each day.

Any un-labeled items that are left at NGS will be placed in the Lost and Found and donated to Good Will at the end of each month.

What to leave at home:

Electronic games, toys, or other personal possessions, unless otherwise instructed.

Emergency Form – Summer Camp 2013

Child’s Name: ____________________________________________
Child’s Birthday: ____________________________
Parent Name: ____________________________________________
Parent Name: ____________________________________________
Home Address: ____________________________________________
Phone #: 1st Call __________________________________ 2nd Call __________________________________
Parent’s Employer: ____________________________________________
Parent’s Employer: ____________________________________________
Address: ____________________________________________
Phone: ____________________________________________

In Case of Emergency Contact (if parents are unavailable):

1) ____________________________________________ Phone: ____________________________
2) ____________________________________________ Phone: ____________________________

Child’s Doctor: ____________________________________________ Phone: ____________________________
Address: ____________________________________________

People who are authorized to pick up your child (in addition to parents and other emergency contacts):

3) ____________________________________________ Phone: ____________________________
4) ____________________________________________ Phone: ____________________________
5) ____________________________________________ Phone: ____________________________

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 below is in the care of Next Generation.

Child’s Name: ____________________________________________
Allergies: ____________________________________________
Severity of Allergies: ____________________________________________

EPI-FEN Provided? (circle one) YES NO
Family Physician: ____________________________________________ Phone: ____________________________
Parent Signature: ____________________________________________ Relationship: ____________________________
Parent Name: ____________________________________________ Date: ____________________________
**MEDICAL AUTHORIZATION**

I/we, __________________________ and __________________________, of ________________, (Parent Name)
________________________________, City of ____________________________, (City)

Street Address _______________________, are the parents having legal custody of
________________________________, a minor child, (County)

(Name of Child)

Dated _____________________, 2013.

_________________________  __________________________
Parent Name [printed]   Parent Name (printed)

_________________________  __________________________
Parent Signature   Parent Signature

**FIELD TRIP CONSENT FORM**

I authorize Next Generation School to take my child on walking trips, weekly field trips, and locations such as the Urbana Aquatic Center, Sholem Aquatic Center, Rantoul Water Park, Skateland and to nearby park facilities. I also authorize the child to ride as a passenger in a vehicle owned or leased by Next Generation School. I understand that all trips are voluntary. I also understand all such trips are under the supervision of Next Generation staff and that the health and safety of our students is the premier focus when participating in activities.

Dated _____________________, 2013.

_________________________  __________________________
Parent Name [printed]   Parent Name (printed)
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,

Chris Bronowski
Head of School

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**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.