

# application for admission

early education program  
& preschool program

NEXT GENERATION SCHOOL

Next Generation School  
Early Education Program  
1201 West Windsor  
Champaign, IL 61821  
217.356.6995 phone  
217.356.6345 fax

Next Generation School  
Preschool Program  
2508 Galen Drive  
Champaign, IL 61821  
217.353.5325 phone  
217.356.6345 fax

**Office Use Only**  
Date of Application: \_\_\_\_\_

Anticipated Start Date: \_\_\_\_\_

www.nextgenerationschool.com

# Next Generation School

## Application Information

Full Name \_\_\_\_\_ Nickname \_\_\_\_\_

Male  Female \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age of Child (at the time of application) \_\_\_\_\_

Ethnic Background \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

## Parent/Guardian Information

**Primary Parent/Guardian Name** \_\_\_\_\_ Nickname \_\_\_\_\_

Title  Mr.  Mrs.  Ms.  Dr. \_\_\_\_\_ Relation to Applicant \_\_\_\_\_

Home Address (if different from above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Cellular \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_ Business \_\_\_\_\_

Department (if applicable) \_\_\_\_\_ Typical Work Day Hours \_\_\_\_\_

Work Phone \_\_\_\_\_

**Secondary Parent/Guardian Name** \_\_\_\_\_ Nickname \_\_\_\_\_

Title  Mr.  Mrs.  Ms.  Dr. \_\_\_\_\_ Relation to Applicant \_\_\_\_\_

Home Address (if different from above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Cellular \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_ Business \_\_\_\_\_

Department (if applicable) \_\_\_\_\_ Typical Work Day Hours \_\_\_\_\_

Work Phone \_\_\_\_\_

## Emergency Contact Information

*(Please list a contact that you would like the school to reach in case of an emergency)*

Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number \_\_\_\_\_

Medical/Dietary/Care Information

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Does your child take medication of any kind? (select) Yes No

If yes, please specify in detail: \_\_\_\_\_

Please describe any medical conditions or disabilities in detail: \_\_\_\_\_

Please describe any other special needs your child has in detail: \_\_\_\_\_

If your child has any of the following, please explain in detail:

Allergies: \_\_\_\_\_

Do the allergies require use of an EpiPen? (select) Yes No

Food or Dietary Restrictions (excluding allergies) \_\_\_\_\_

If the child is an infant, please explain feeding instructions:

Time: \_\_\_\_\_ Amount: \_\_\_\_\_ Temperature: \_\_\_\_\_

Restrictions for Play – Outdoor: \_\_\_\_\_

Restriction for Play – Indoor: \_\_\_\_\_

Fears: \_\_\_\_\_

Does your child nap during the day? (select) Yes No

Time of Nap(s): \_\_\_\_\_ Average Length of Nap(s): \_\_\_\_\_

Is the child toilet trained? (select) Yes No

If the child is an infant, please explain diaper changes:

Powder: \_\_\_\_\_ Ointment: \_\_\_\_\_ Other: \_\_\_\_\_

Does the child have special names for common objects – ex. potty, food, drink, etc.? (explain) \_\_\_\_\_

Additional Information to Assist in Child Care: \_\_\_\_\_

Certification of Application

By signing this document, the parent or guardian certifies that the information provided on this application is accurate.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Director \_\_\_\_\_ Date \_\_\_\_\_