

# application for admission

early education

NEXT GENERATION SCHOOL

# admission process

Applying to Next Generation School is a simple, straightforward process. The following instructions will help guide you through the steps.

## **CAMPUS TOUR (Parents/Guardians)**

To assist you in becoming more acquainted with the Early Education program, you may schedule a tour by calling the Early Education front office at 217.356.6398 or by completing the Campus Tour form on our website.

Tours are optional and may be scheduled at any time throughout the application process.

## **APPLICATION PROCEDURE**

1. Complete the application and sign indicating that all provided information is accurate.
2. Read and sign the Financial Policies Notification and complete the Waiting List Deposit Form.
3. Submit the completed application and Waiting List Deposit Form, along with payment of the non-refundable registration and tuition deposit fees.

## **ADMISSION TO THE PROGRAM**

After an application, Financial Policies Notification, and Waiting List Deposit Form are submitted, and payment for the non-refundable annual registration fee(s) and first week's tuition deposit(s) are received, a child's application is considered complete. Once complete, no further action is necessary on the part of the applying family.

Applicants are placed in our waiting list in the order that their completed materials are received. Due to the demand and availability of our programs, Next Generation cannot guarantee the time of availability of a given position. When a position opens in our program, a member of the admissions team will contact you to schedule the next steps in the admission process.

Should the offer of a position not fit a family's current timeline, families' have the option to remain in the waiting list to be considered for future positions.

We are very excited that you have chosen Next Generation School. We look forward to having you join our Next Generation School family.

Sincerely,

Ms. Chrissie McDaniel  
Director  
Early Education

Next Generation School Early Education  
1201 West Windsor  
Champaign, IL 61821  
217.356.6398 phone  
217.356.6345 fax

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

www.nextgenerationschool.com

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### Applicant Information

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

Date of Birth \_\_\_\_\_ Desired Age of Entry \_\_\_\_\_

Ethnic Background (optional) \_\_\_\_\_

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

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

### Parent/Guardian Information

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

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

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

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

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

Occupation \_\_\_\_\_

Business \_\_\_\_\_ Department \_\_\_\_\_

Work Phone \_\_\_\_\_ Typical Work Day Hours \_\_\_\_\_

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

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

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

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

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

Occupation \_\_\_\_\_

Business \_\_\_\_\_ Department \_\_\_\_\_

Work Phone \_\_\_\_\_ Typical Work Day Hours \_\_\_\_\_

### 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 in diapers, 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 \_\_\_\_\_

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## FINANCIAL POLICIES NOTIFICATION

The following notice is information regarding the admissions and enrollment financial policies of **Next Generation's Early Education, Preschool, and Transitional Kindergarten programs.**

The **Annual Registration Fee** is a required and non-refundable admissions and enrollment fee due with a submitted application or re-enrollment in the program(s) each year.

The **First Week's Tuition Deposit** is a required and non-refundable admissions and enrollment fee that is determined by the current weekly rate of tuition for the applicant's earliest desired age of admittance. Once a child is enrolled, this deposit will be applied to tuition for the aforementioned programs and/or other applicable services offered at Next Generation.

Next Generation offers only **full-time positions** for children/students in our programs. Tuition is never prorated.

**Once admitted, all tuition payments will be made through an ACH Automatic Transfer Account.** Upon accepting a position in our program(s), you will be required to enroll in our ACH program for tuition payments. The ACH authorization form (found in the enrollment packet) will indicate the tuition amount that will be withdrawn from your account weekly. Your account will be debited every Monday. All families will be responsible for the weekly tuition.

**Next Generation School does not currently accept any form of subsidized child care.** This includes but is not limited to CCRS and Child Care Aware Army Assistance. All families will be responsible for their full weekly tuition.

Next Generation requires families to give a **four-week notice to office administration to withdraw** from any aforementioned program.

To complete your application, please sign the agreement and submit the proper non-refundable fees designated on the Waiting List Deposit Form.

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**In signing the portion below, you are stating that you have read and understand the financial policies notification and should your child(ren) gain admittance to Next Generation School, agree to abide by those policies throughout the duration of the admission process and your child(ren)'s enrollment in our programs.**

**Parent/Guardian Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Parent/Guardian Print Name** \_\_\_\_\_

**Director Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

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## WAITING LIST DEPOSIT FORM

### Registration & Tuition Deposit Fees *(These fees, once submitted, are non-refundable.)*

*Use the table to determine the appropriate fee for first week's tuition deposit:*

Program	Tuition per Child
Early Education (Infant-14 months)	\$310 weekly
Early Education (15 months – 23 months)	\$300 weekly
Early Education (2 years)	\$285 weekly
Preschool & Transitional Kindergarten (3 – 5 years)	\$245 weekly

	1 Child	2+ Children
<b>Annual Registration Fee</b>	\$ 50.00	\$ 60.00
<b>First Week's Tuition Deposit</b>	\$ _____	Child 1 \$ _____ Child 2 \$ _____ Child 3 \$ _____ (if applicable) Child 4 \$ _____ (if applicable)
<b>Total Payment Required</b>	\$ _____	\$ _____

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### Office Use Only

Payment  Check (#: \_\_\_\_\_)

Cash

Date Submitted \_\_\_\_\_