

Next Grade Prep 2011 - Registration

Student Information:

Name: _____ 2010-11 Grade: _____

Student Attends (School): _____

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Interests: _____

Is this student receiving Special Education Services at this time? Yes ___ No ___

If yes, what kind? _____

Please indicate the three sites closest to your home address with 1 being the closest. We cannot guarantee the closest, but every effort will be made to enroll your child at the closest school.

_____ Canter 4959 S Blackstone	_____ Doolittle 535 E 35 th St
_____ Dumas 6650 S Ellis	_____ Fermi 1415 E 70 th St
_____ Fiske 6145 S Ingleside	_____ Kozminski 936 E 54 th St
_____ Pershing West 3200 S Calumet	_____ Price 4351 S Drexel
_____ Reavis 843 E 50 th St	_____ Robinson 4225 S Lark Park
_____ Shoosmith 1330 E 50 th St	_____ South Shore Fine Arts 1415 E 70 th
_____ Till 6543 S Champlain	_____ Wadsworth 6420 S University
_____ Wells 244 E Pershing Rd	_____ Woodlawn 6657 S Kimbark

Field Trips:

My child has permission to go on field trips organized by NGP. Yes ___ No ___
I understand that my child will be under the direct supervision of the Next Grade Prep summer program staff. I will not hold the NGP summer program staff, any volunteers, the Board of Education, or the school responsible for any injuries or loss of property which may be sustained by my child as a direct or indirect result of participating in the NGP summer program.

Parent/Guardian Signature: _____ Date: _____

****Registration is not valid without signature****

Emergency Information:

PARENTS/GUARDIANS: Occasionally children become ill while they are in school or they may have an accident (usually not serious). The Area 15 Next Grade Prep program must have on file information that can be used to contact you. Please give the following information for emergency use only. If there is a change in this information, please notify the Area 15 Next Grade Prep program quickly in writing.

List two other people who can be contacted in case of an emergency:

1. _____ Phone: _____

2. _____ Phone: _____

Family Doctor: _____ Phone: _____

Family Dentist: _____ Phone: _____

List any health information that we should be aware of (e.g. allergies, medication): _____

Parent/Guardian Signature: _____ Date: _____

****Registration is not valid without signature****