

**REGISTRATION INFORMATION**  
**2018-2019**

Welcome to the Gorton Children's Drop-In Learning Center. We are licensed by the State of Illinois and meet or exceed their standards in addition to providing a warm, caring and educational atmosphere for your children. **Please make your enrollment payment online at <http://www.gortoncenter.org>.**

State law requires actual signatures and paper copies of these forms and birth certificate copies to remain on file at the Center.

Please complete items 1-4 below and bring these documents to the Drop-In Center.

1. **Registration Form:**
  - Please complete the entire **Registration Form**.
  - Sign and date the **Verification of Receipt** section.
  - Sign and date at the bottom.
  
2. **DHS Certificate of Child Health Examination signed and dated by child's physician in two places. THIS FORM MUST BE DATED NO EARLIER THAN SIX MONTHS BEFORE THE BEGINNING DATE OF THE PROGRAM.**  
  
**Childhood Lead Risk Assessment Questionnaire signed and dated by child's physician. LEAD SCREENING IS REQUIRED FOR ALL CHILDREN SIX MONTHS AND OLDER WITH A PHYSICIAN'S SIGNATURE. A TB TEST IS ALSO REQUIRED FOR ALL CHILDREN ONE YEAR OLD AND OVER. IF YOUR CHILD'S PHYSICIAN ELECTS NOT TO ADMINISTER A LEAD TEST OR A TB TEST, WE MUST HAVE A NOTE ON FILE.**
  
3. Photocopy of child's birth certificate – as required by DCFS.
  
4. **Standard Registration fee** – Early enrollment is from May 1, 2018-July 1, 2018 Early enrollment is \$175.00 for one child and \$230.00 for two or more children. After July 1, 2018 it is \$205 for a family enrolling one child. \$260 for families enrolling two or more children. If you register online, you can pay with MasterCard or VISA online, or bring a check or cash with your registration forms in person. If you do not register online, you must bring a check or cash with your registration forms. Please make checks payable to: Gorton Children's Drop-In Center. Registration fees are non-refundable. \*Please note: we will not be able to prorate on a monthly basis this year.

Thank you for your cooperation in completing the necessary information. **ONLY COMPLETE FILES CAN BE ACCEPTED.** Please see the Parent Handbook to familiarize you with our Center. If you have any questions, please contact us at 847-234-2778.

You may email your reservations as early as **12:00 a.m., two weeks in advance of the date requested** online at <http://www.gortoncenter.org/drop-in/reserve>, or emailed to [dicdirector@gortoncenter.org](mailto:dicdirector@gortoncenter.org).

**Registration for 2018-2019**

Last Name \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_

Address: \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mother Cell: \_\_\_\_\_ Father Cell: \_\_\_\_\_

Mother's or Father's Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Children: Name: \_\_\_\_\_ DOB \_\_\_\_\_

Gender: Male Female

Name: \_\_\_\_\_ DOB \_\_\_\_\_

Gender: Male Female

Name: \_\_\_\_\_ DOB \_\_\_\_\_

Gender: Male Female

**EMERGENCY CONTACTS:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

**MEDICAL INFORMATION:**

Physician: \_\_\_\_\_ Address: \_\_\_\_\_

Phone#: \_\_\_\_\_

Dentist: \_\_\_\_\_ Address: \_\_\_\_\_

Phone#: \_\_\_\_\_

Please provide any additional information that might help us better care for your child (ex; what provides comfort: fears or behaviors we should be aware of: circumstances such as adoption or child custody agreements.)

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Allergies/ Medical Problems:

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**EMERGENCY AND MEDICAL PROCEDURES:**

I have been informed of and agree to the following emergency and medical procedures:

1. In cases of illness, I will be called and required to pick up my child as soon as possible. If I cannot be reached, the Center will contact the emergency contacts I provided. I agree to provide at least **2 contacts**. (initial \_\_\_\_\_)
2. In cases of simple injury (such as abrasion, skinned knee, splinters etc.), I understand the Center staff will perform routine hygienic procedures, such as washing wounds and applying bandages. I understand further, the Center staff will perform basic first aid procedures if the situation warrants such action. (initial \_\_\_\_\_)
3. In cases requiring the attention of a physician (such as need for stitches or x-rays), I understand I will be called. If I or the emergency contacts cannot be reached, I request and give my permission for my child's doctor to be called and for that doctor to render

any necessary treatment. I agree to assume financial responsibility for the doctor's care.  
(initial\_\_\_\_)

4. In cases of medical emergency, I will be called immediately. If circumstances require, the paramedics will be called. The Center's staff will respond as necessary until the paramedics arrive. If hospitalization is required, I give my consent for my child to be taken to Northwestern Lake Forest Hospital. I give my consent for treatment by a qualified physician at Northwestern Lake Forest Hospital. I agree to assume all financial responsibility for such treatment. (initial\_\_\_\_)
5. I agree to leave a telephone number where I or an emergency contact can be reached upon each visit to the Center. (initial\_\_\_\_)
6. To the best of my knowledge, my child has no condition, which restricts his/her full participation in the Center program. If, in the future, such restrictions should become necessary, I will inform the Center staff in writing of those restrictions. (initial\_\_\_\_)
7. I understand that if the Center deems it appropriate for my child to have an aide, I the parent will provide the aide. I agree to assume all financial responsibility for said aide. (initial\_\_\_\_)
8. All children enrolled at the Gorton Children's Drop-In Center must be up to date on the state recommended immunizations. See section 14 in the parent handbook for schedule. (initial\_\_\_\_)

**PAYMENT:– Two Payment options only:**

1. Families can keep a credit card on file that will run weekly. Please complete the credit card authorization form included in this packet. Credit card information will be kept in a locked file cabinet in the director's office.
2. Pre-pay for your reservation. (For example, drop off payment via check or cash in the payment drop box before your reservation start time).

**NEW: There is a \$25.00 late fee charge for all unpaid balances after 72 business hours.**

**NEW: CANCELLATION AND SHORT NOTICE POLICY:**

***Any cancellation with less than 24 hours' notice will result in a charge of \$10.00 regardless of the reason for cancellation.*** To avoid cancellation fees, you must call or email 24 hours prior to the start time of your reservation time.

For example: If your reservation is for Wednesday, 9 a.m. - Noon, you must call by 9 a.m. the previous day (Tuesday). If your reservation is for Monday 9 a.m.-Noon, you must call by the previous Friday at 9 a.m.

**If you cancel within 24 hours, you will be charged \$10.00**

**PHOTO/VIDEO PERMISSION:**

Yes I give my permission for my child(ren) to be photo/video graphed at the Center for display at the Center or on the Gorton Community Center website. I understand that I would be contacted for my permission before a photograph would be released for publicity outside the Center or Gorton Community Center website.

No I do not give my permission for my child(ren) to be photo/video graphed at the Center.

**EMAIL CONSENT:**

The Center is making every effort to communicate via email to keep our expenses to a minimum, and our fees as affordable as possible.

I understand that by providing the email address below, I am giving consent to receive billing statements, newsletters, notices, and announcements sent by the Center.

Email address: \_\_\_\_\_

Email address: \_\_\_\_\_

Gorton Children's Drop-In Center  
Drop-Off and Pick-Up Policy

**I agree to drop-off and pick up my child at the time I designated** on my child's reservation at the Gorton Children's Drop-In Center (DIC).

If I drop my child before the reserved time, I agree to pay \$4.00 for every 5 minutes I am early.

If I pick up my child late, I agree to pay \$4.00 for every 5 minutes I am late.

If I have not contacted the Gorton Children's Drop-In Center (DIC) to notify them I am late within 10 minutes of the time I have reserved, the DIC will call the emergency number I provided on the sign-in sheet. If I cannot be reached immediately, the DIC will call the Emergency Contacts listed in my child's file.

*If my child's emergency contacts cannot be reached or are unavailable to pick up my child, the DIC is required by DCFS regulations to notify the local law enforcement officials and DCFS.*

Signed \_\_\_\_\_ Date: \_\_\_\_\_

Gorton Children's Drop-In Center    Hearing and Vision

I, \_\_\_\_\_ Parent of \_\_\_\_\_  
understand that I am responsible for having my child's hearing and vision tested at age 3, as  
indicated by DCFS regulations.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**VERIFICATION OF RECEIPT:**

CFS 581

Rev. 12/2000

State of Illinois  
Illinois Department of Children and Family Services

**VERIFICATION OF RECEIPT**

I/WE,

\_\_\_\_\_  
Please Print Name(s)

parent(s) of \_\_\_\_\_, hereby certify that  
I/we have

Name(s) of Child(ren)

received a copy of a summary of licensing standards printed by the Illinois Department of Children and Family Services.

\_\_\_\_\_  
Signature of Parent Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent Date \_\_\_\_\_

**Note: the summary of licensing standards printed by the Illinois Department of Children and Family Services is attached at the end of this document.**

I AGREE TO COOPERATE WITH THE RULES AND REGULATIONS OF THE GORTON CHILDREN'S DROP-IN CENTER REGARDING FEES, CANCELLATION POLICY, ILLNESS, IMMUNIZATION UPDATES, CLOTHING AND OTHER ITEMS SPECIFIED IN THE PARENT HANDBOOK. I UNDERSTAND THAT I WILL BE CHARGED \$25 PLUS BANK FEES FOR ANY CHECKS THAT ARE RETURNED.

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Parent Handbook**

**I have read and received a copy of the Gorton Children's Drop-In Center Parent Handbook:**

**Signed:** \_\_\_\_\_ **Date** \_\_\_\_\_

**ATTACH PHOTOCOPY(IES) OF  
CHILD(REN)'S BIRTH CERTIFICATE(S) HERE  
(AS REQUIRED BY DCFS)**



Gorton Children's Drop-In Center  
Credit Card Authorization Form

Repeat Payments

**CARDHOLDER INFORMATION**

Name: \_\_\_\_\_

Billing Street Address: \_\_\_\_\_

Street Address (cont.): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Email (for receipts) \_\_\_\_\_

Address: \_\_\_\_\_

Direct Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_

**CREDIT CARD INFORMATION**

Credit Card Type:  MasterCard  Visa  American Express  Discover Card

Number: \_\_\_\_\_

Expiration Month: \_\_\_\_\_ Expiration Year: \_\_\_\_\_

Security Code: \_\_\_\_\_

I authorize Gorton Children's Drop-In Learning Center to charge my credit card for amounts due

Signature of card holder \_\_\_\_\_

Date \_\_\_\_\_

