This year the theme is animal habitats, the children will explore a different habitat each week.

June 15-19 --- Forests in our neighborhood
June 22-26 --- Jungles
June 29-July 3 --- Oceans
       July 6-10 --- African Grasslands
       July 13-17 --- Underground Insects
       July 20-24 --- Mountains
       July 27-31 --- The Arctic

Options available: M-F, MWF, or TTh
Time: 8:30-12:30 Cost is $56 per day, each additional sibling is $48 per day if enrolled the same days. Lunch is included.

What to bring each day:

0-24 months
Please bring a sippy cup and/or bottles, extra change of clothes, diapers, wipes, food with child’s name if child is under 15 months. We will be engaging in water play if the feels like temperature is 75 degrees or warmer and there is no sign of rain. Please bring your child in a bathing suit if it is 75 degrees or warmer that morning.

2yrs-5yrs
Please bring a bag or backpack containing a change of clothes, diapers and wipes (if applicable), and water bottle with child’s name. Please do not bring in any outside food. We will be engaging in water play if the feels like temperature is 75 degrees or warmer. Please bring your child in a bathing suit if it is 75 degrees or warmer and there is no sign of rain.
*Registration forms must be turned into the Gorton Drop-In Center no later than 1 week prior to the start of your child’s camp start date.

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

1. REGISTRATION FORMS:
Please complete pages 3-7 of this Registration Packet and return. ___

2. MEDICAL: Please take your DHS medical form and lead questionnaire to your child’s doctor to complete and return. ___

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.
Please make a copy of your child’s birth certificate and return. ___

*If your child was enrolled in the 2019-2020 school year at the DILC and your child’s information is still valid (medical, birth certificate, contact info) please indicate all information is the same as the 2019-2020 school year on page 3. If your information has changed or you are new, please fill out page 3-
I, ___________ confirm all below information is the same as 2019-2020 school year registration forms ___(check if applicable).

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 you believe your child’s caregivers should be aware of regarding your child (i.e. allergies, extreme separation anxiety, health issues, custody arrangements, etc).

______________________________________________________________________________
______________________________________________________________________________

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. In the event that 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____)
PHOTO/VIDEO PERMISSION:
__Yes, I give my permission for my child(ren) to be photo/video graphed for the Center’s secret facebook page for the purpose of 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 the purpose of 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:
Please confirm that you consent to receive communications from the Center’s director.
I understand that by providing the email address below.
Email address: ___________________
Email address: ___________________

Gorton Children’s Drop-In Learning Center and Camp Gorton Drop-Off and Pick-Up Policy
I agree to drop-off my child no earlier than 8:25 a.m and pick by 12:30 p.m. Please come to your child’s classroom to sign them in and sign out at pick-up.

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 Learning Center (DILC) to notify them I am late within 15 minutes of the time I have reserved, the DILC will call the emergency number I provided on the sign-in sheet. If I cannot be reached immediately, the DILC 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 DILC 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.
______________________________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

Note: the summary of licensing standards printed by the Illinois Department of Children and Family
Services is found at the reception desk and on the Drop-In Center website.
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 Parent Handbook:

Signed: ____________________________________ Date __________________________
1. PURPOSE - The Gorton Children's Drop-In Learning Center (DILC) where Camp Gorton is located is a non-profit child care program serving children from six weeks through five years of age. The purpose of the Drop-In Center is to provide quality care for young children.

2. GOALS
The DILC is proud to have goals that provide your child with:
An atmosphere that promotes physical, emotional, intellectual, creative, and social growth.
An environment that is safe and nurturing.
A program that recognizes each child as a unique individual.
Positive encouragement for the child’s continued growth.
Opportunities for the child to learn by doing.
An environment that encourages children’s creativity.
Encouragement for social development, sharing, taking turns, problem solving, making friends, respecting others.

All children have the right to be treated with dignity and respect, and the DILC will maintain an environment free of racial or gender bias, stereotype, or prejudice. The DILC provides its staff with the opportunities to increase and further their knowledge of early childhood development through the enrollment in workshops and conferences offered throughout the year.
The DILC, established in 1986, is licensed by the Illinois Department of Children and Family Services, and complies with or exceeds all of its standards.

3. LOCATION - The Gorton Children’s Drop-In Center is located in Gorton Community Center, 400 East Illinois Road, Lake Forest, Illinois, 60045. The phone number for Gorton Community Center is 847-234-6060.

4. SUMMER CAMP HOURS – June 15-July 31st, 2020
DILC summer camp hours are 8:30-12:30 Monday through Friday.

If camp at the DILC is closed due to extreme weather, You can hear the school closings on WMAQ or WBBM 780 AM radio or see http://www.lakeforestschools.org/about-us/district-67/index.aspx

5. PAYMENT - The DILC summer camp requires that payment be made during the time of registration.
Payments can be made by check, cash or a credit card paid online.
Please note that a $25 charge plus bank fees will be charged for all returned checks.
The DILC summer camp reserves the right to suspend usage if payment conditions are not met.
If your child is presently being cared for at the DILC and you have an emergency message, please call Gorton’s Main office at 847-234-6060.

6. CANCELLATIONS – Refunds will only be issued up to one week prior to your child’s camp start date.

7. ARRIVAL AND PICK-UP – Upon arrival please sign your child in at their classroom and leave any information about where you can be reached in case of emergency. When picking up, please allow enough time to sign out and get belongings before collecting your child. This way we can ensure proper supervision of your child while you are occupied. 

We reserve the right to suspend use to anyone who is chronically tardy.

8. NON-PARENT PICK-UP - If another adult will be picking up your child, please make certain you have filled out the necessary release forms. Under no circumstances will a child be released to anyone without authorization from the child’s parents. DO NOT BE ALARMED WHEN WE ASK FOR PROOF OF IDENTIFICATION. Your child’s safety is our utmost concern. All adults picking up must be at least 18 years of age.

9. SNACK and Lunch
*** We are a NUT-FREE environment ***
The Gorton Children’s Drop-In Center serves lunch to children over 15 months. All children in the Center during lunchtime, 12:00-12:30, will be served a lunch from a DCFS approved caterer or food handler. Children over 15 months will not be able to bring in their own food unless they have a medical condition or allergy and written authorization from their pediatrician. Snack times are scheduled for mid-morning. We provide water and a snack. Children under 15 months must bring food, snacks, bottles labeled with their name.

10. Teacher/Child Ratios

6 weeks-15 months- 1:4
15 months-24 months-1:5
2 years-3 years-1:8
3 years-5 years-1:10

11. HEALTH INFORMATION - The Center will accept only those children whose updated medical forms are on file. Medical forms that we have on file are valid for two years and must be completed by a physician. Please remember to bring in verification every time your child receives immunizations. State law requires that all medical forms must be up-to-date. Lead screening and TB test results must be provided for all children. DCFS now requires a copy of a birth certificate for each child.
12. IMMUNIZATIONS -
Age Immunization
Birth Hepatitis B *Dose 1 of 3*
2 months Hepatitis B *Dose 2 of 3*
DTaP *Dose 1 of 5*
Hib *Dose 1 of 4*
IPV *Dose 1 of 4*
PCV *Dose 1 of 4*
4 months DTaP *Dose 2 of 5*
Hib *Dose 2 of 4*
IPV *Dose 2 of 4*
PCV *Dose 2 of 4*
6 months DTaP *Dose 3 of 5*
Hib *Dose 3 of 4*
PCV *Dose 3 of 4*
6-18 months Hepatitis B *Dose 3 of 3*
IPV *Dose 3 of 4*
12 months TB test
12-15 months Hib *Dose 4 of 4*
MMR *Dose 1 of 2*
PCV *Dose 4 of 4*
12-18 months Varicella *Dose 1 of 1*
15-18 months DTaP *Dose 4 of 5*
4-6 years DTaP *Dose 5 of 5*
IPV *Dose 4 of 4*
MMR *Dose 2 of 2*
(NEW) 2, 4, & 6 months ROTA *Series of 3 doses*

13. ILLNESS - As required by state law, each child will be given a visual health check upon arrival. All children must have their hands washed upon entering the Center. A child who exhibits any signs of illness will not be able to stay at the Center. If a child becomes ill during his/her stay, a parent or emergency contact will be required to pick him/her up immediately. The child will be isolated and given proper care until an authorized adult arrives. It is essential to your child’s safety to leave a telephone number of where you can be reached.

**Please keep your child home if he/she:**
Is unable to participate comfortably in program activities, this includes outside activities.
Needs greater care than the staff can provide without compromising the health and safety of other children
Has any of the following conditions: fever, sore throat, lethargy, irritability, persistent crying, or other signs of possible severe illness
Has diarrhea (defined as an increased number of stools compared with the child’s normal pattern, with increased water and/or decreased form)
Has vomited in the previous 24 hours
Has a fever or has had one during the previous 24 hours (temperature should be normal for 24 hours)
Has had a cold for less than 4 days
Has been taking antibiotics for less than 24 hours

14. FIRST AID/MEDICAL PROCEDURES - In the event of an injury, the staff will administer first aid to the child. If the injury requires medical attention, we will attempt to contact a parent immediately. If a parent cannot be reached, we will contact the emergency numbers. In the case of an emergency, the staff will call an ambulance to transport the child to Lake Forest Northwestern Hospital. Every effort will be made to contact the child’s own physician. It is important that you keep the Center up-to-date on phone numbers, emergency numbers, and other pertinent information.

15. DAILY PROGRAM - The Drop-In Learning Center provides a daily curriculum including:
Indoor free play with developmentally appropriate toys
Small group and large group activities
Creative art projects
Outdoor play, weather permitting
Snack
Language activities
Gross motor activities

16. PROGRAM PARTICIPATION/BEHAVIOR MANAGEMENT
We encourage children to:
Help pick up after themselves
Respect property of the Center
Respect others
Share (when appropriate)
Wash hands upon entering the Center, again before eating, and after using the bathroom
Problem-solve
Be tolerant and accepting of others

Acceptable behavior is encouraged and nurtured through positive reinforcement and modeling by the staff. Should a child show inappropriate behavior, that child will be redirected and the matter discussed.

If these techniques have been exhausted, and the child is in danger of hurting himself or others, removal from the group may be necessary. After the child has had time to regain self control, he or she may once again participate in the activities. Removal from the group shall not be used for children less than 24 months of age.
If a child inflicts injury on another child resulting in medical treatment, the child will need to be picked up by the parent or approved caretaker and the matter discussed with the child’s teacher or director.

State licensing requires the following policy: “Any child who, after attempts have been made to meet the child’s individual needs, demonstrates inability to benefit from the type of care offered by the facility, or whose presence is detrimental to the group, shall be discharged from the facility.”

17. ITEMS TO BRING TO THE CENTER
Please put child in bathing suit if it is warmer than 75 degrees
bag with towel labeled with child’s name
Complete set of extra clothing
Sunscreen must be applied prior to drop-off
Diapers and wipes if needed

Please be sure to label all items. Children have difficulty identifying their own belongings if there are several from which to choose.

18. APPROPRIATE DRESS – Dress for MESS!
The Center encourages parents to send their child dressed for active play. We suggest comfortable clothes, free of complicated fastenings. Our daily schedule does include potentially messy art projects and outdoor play.
Please send your child with shoes that are appropriate for indoor and outdoor play. The children will be climbing, running, and riding toys. The Drop-In Center does not allow children to walk around without shoes or sandals.

19. TOYS FROM HOME – are not permitted. Toys may get lost, mixed in with Drop-In toys, or create problems for other children. A soft toy or blanket that is necessary for the children’s comfort is permitted.