

**REGISTRATION INFORMATION**  
**School Year 2021-2022**

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. **If you have not yet done so, enrollment payments can be made online at <http://www.gortoncenter.org>, just click on Drop-In Learning Center, and then click "enroll."** 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 5/3/21 to 8/13/21. Early enrollment is \$175.00 for one child and \$230.00 for two or more children. After August 13th, it is \$205 for a family enrolling one child and \$260 for families enrolling two or more children. Pay the enrollment fee online, then download and print the enrollment forms. Your registration is complete once the director has received all the forms and the fee has been paid. If you pay by check, make it payable to: Gorton Children's Drop-In Center. Registration fees are non-refundable.
  
5. **At this time we are accepting standing reservations only on a first come, first serve basis with a minimum of 2.5 hours. Standing reservations are defined as the same time and day of the week, for all of the semester. Fall semester is 9/7/21 to 12/17/21 and Spring begins 1/03/22-6/3/22. The hourly rates as of 9/7 are: \$15 per hour for 0-24 months, \$12.50 per hour for 2 years, and \$11.50 per hour for 3-5 years.**
  
6. **Lunch – lunch is \$4 for children ages 15 months and up. You may only bring food in if your child has food allergies (or sensitivities), or is under 15 months. Children with food allergies and sensitivities must have a note from a doctor. Please do not bring bottles after the age of 2. We are a nut-free environment. Menus follow DCFS guidelines and are posted behind reception desk.**

Thank you for your cooperation in completing the necessary information. Please also see the Parent Handbook to familiarize you with our Center.

**Registration for 2021-2022**

Child's Name \_\_\_\_\_ Parents/guardians \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ parent/guardian mobile  
ph: \_\_\_\_\_

Parent/guardian Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Gender:

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

Gender:

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

Gender:

**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.)

---

---

Allergies/ Medical issues:

---

---

---

**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. The DILC staff will make reasonable accommodations to the best of their ability. (initial\_\_\_\_)
7. All children enrolled at the Gorton Children's Drop-In Center must be up to date on the state recommended immunizations. See the parent handbook for schedule. (initial\_\_\_\_)

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

1. Families may keep a credit card on file that will run twice per month. You will be sent a statement via email for charges accrued from the 1<sup>st</sup>-15<sup>th</sup> and then the 16<sup>th</sup>-31<sup>st</sup> for your review. The credit card will run 2 business days after the statement is sent unless otherwise communicated. To utilize this option, please complete the credit card authorization form included in this packet. Credit card information will be kept in a secure location.
2. Pre-pay for your reservations each week by dropping off payment via check or cash in the payment drop box before your reservation start time.

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

**CANCELLATION AND SHORT NOTICE POLICY:**

***Any cancellation with less than 24 hours' notice will result in a charge of \$10.00.*** To avoid cancellation fees, you must call or email at least the day before your child's reservation.

\*Please note, it is vital to the program for the director to know how many children are present each day in each classroom. Contact the center as soon as you are able to cancel a reservation.

**PHOTO/VIDEO PERMISSION: (circle one)**

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:**

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

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 Learning Center (DILC).

If I drop my child before the reserved time, I agree to pay for the time my child arrived. **I understand that my child may not be able to enter the classroom before their reserved time.**

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 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 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 DIC is required by DCFS regulations to notify the local law enforcement officials and DCFS.*

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 can be found at: <https://gortoncenter.org/drop-in-learning-center/enroll/>**

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:** \_\_\_\_\_

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: \_\_\_\_\_

**Parent Handbook**

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

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

**We have implemented safety precautions and social distancing strategies for the remainder of the pandemic of COVID-19. These precautions are subject to change and will follow the state guidelines we are required to follow.**

Please keep in mind:

Your child over the age of 2 years will be encouraged to wear a facial mask if the state requires it.

- We will stagger playground times and keep groups separate as much as possible.
- Staff will be wearing facial masks and washing hands frequently with the children. Handwashing details are posted outside classroom doors.
- High contact surfaces will be disinfected frequently. Toys that are soiled will be removed and placed in a separate bin until they can be disinfected with bleach.

Hand sanitizers will be available where you sign in at the reception desk.

Each morning you will have your temperature taken along with your child and a log will be kept verifying your child and no one in your household is displaying signs of COVID-19. Symptoms include: fever of 100.4 or higher, rash, shortness of breath and coughing. If a member of the child's immediate household displays signs of COVID-19 please keep your child home. If we see signs of illness in a child we will use a non-contact thermometer to take the child's temperature and you will be notified to pick up your child. If you cannot pick your child up within 15 minutes we will contact the emergency caregivers on your enrollment form to pick up the child.

If possible, please limit the number of caregivers dropping off children to reduce possible exposure of COVID-19

It is important to immediately notify the Center if someone in their home tests positive or if the child has been in close contact (within 6 feet for greater than 15 minutes) with a positive case.

**ISOLATION AND DISCHARGE OF SICK CHILDREN AND STAFF** Any child or staff member suspected of having COVID-19 or diagnosed with COVID-19 shall be excluded from the facility pursuant to existing licensing standards regarding communicable disease, 89 Ill. Adm. Code 406, 407, and 408. Symptoms of COVID-19 are fever (temperature greater than 100.4F/37C), chills, sore throat, runny nose, cough, shortness of breath, muscle aches, headache, vomiting and diarrhea. If the child or staff member is diagnosed with COVID-19, he or she is not to return to the child care facility until ALL three of the following are met: • Individual is free from fever without the use of fever-reducing medications for at least 72 hours. • Individual's symptoms, including cough, have improved. • It has been at least 10 days since the onset of the individual's illness. If the child or staff member has symptoms of COVID-19 and it is subsequently determined by a medical provider that the individual likely does not have a COVID-19 infection, the child or staff member can return to day care if the following is met: • No fever for 72 hours without the use of fever reducing medications (fever is temperature greater than 100.4F/37C) • Negative test for COVID-19 or; A note from a medical provider documenting no clinical suspicion of COVID-19 infection.



**Assumption of the Risk and Waiver of Liability Relating to**

**Coronavirus/COVID-19**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Gorton Community Center (“Gorton”) has put in place preventative measures to reduce the spread of COVID-19; however, Gorton cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending or participating in a Gorton program, event or activity could increase your risk and your child(ren)’s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending or participating in a Gorton program, event or activity and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at Gorton may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Gorton employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)’s attendance at Gorton or participation in a Gorton program, event or activity (“Claims”).

On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless Gorton, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Gorton, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Gorton program, event or activity.

**Signature of Parent/Guardian Date**

---

**Print Name of Parent/Guardian Name**

---

**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 \_\_\_\_\_