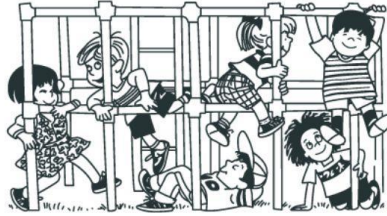


# CAMP GORTON



## 2022

This year's summertime theme is all about transportation! The kids will be going on an exciting adventure that explores many types of water, land and air transportation.

**Ages:** 6wks - 5 yrs

**Session I 8:30-12:00**

June 14 - July 1

M-F \$790

MWF: \$475

T/Th: \$315

**Session II 8:30-12:00**

July 5 - July 22

M-F \$790

MWF: \$475

T/Th: \$315

**Session III 8:30-12:00**

July 25 - August 12

M-F \$790

MWF: \$475

T/Th: \$315

In keeping with our covid mitigations, we will keep the same children together as much as possible; we will not be able to make adjustments to the above options.

Lunch will not be served, but a balanced snack of cheese, fruit and whole grains will be provided.

**\*\*CURRENT 2021-2022 PARENTS\*\***

\*If your child was enrolled in the 2020-2021 school year at the GCLC and your child's information is still valid (medical, birth certificate, contact info) your Camp Gorton registration is complete when you answer the first question on page 3. If your information has changed or you are new, please complete the entire packet.

**1. REGISTRATION FORMS:**

Please complete pages 3-10 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. \_\_\_\_

I, \_\_\_\_\_ confirm all below information is the same as 2021-2022 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).

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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. 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 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 \$10.00 for every 5 minutes I am late.

If I have not contacted the Gorton Children's Learning Center (GCLC) to notify them I am late within 15 minutes of the time I have reserved, the GCLC will call the emergency number I provided on the sign-in sheet. If I cannot be reached immediately, the GCLC 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 GCLC is required by DCFS regulations to notify the local law enforcement officials and DCFS.*

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

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

Gorton Children's Learning 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 Learning Center website.

\*Registration forms must be turned into the Gorton Children's Learning 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.

We will be implementing safety precautions and social distancing strategies in response to the COVID-19 pandemic in compliance with the current state and DCFS guidelines. These precautions are subject to change as the situation progresses.

Please keep in mind:

Your child over the age of 2 years will be encouraged, but not required to wear a facial mask.

Each classroom of children will not be mixed with other groups in other classrooms.

- We will stagger playground times and keep groups separate for special activities such as snack, and librarian visits
- The same teachers will be with your child during their time at the GCLC
- Teachers feeding young babies who are bottle fed will wear protective smocks, masks and gloves when bottle feeding each baby.
- Staff will be 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 sign a verification on the attendance sheet indicating that you have checked your child for fever (anything over 100.4 degrees), rash, shortness of breath and coughing. During Phase IV, we are to keep a log of all persons in the center. 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 registration form to pick up the child.

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