

REGISTRATION INFORMATION
School Year 2022-2023

Welcome to the Gorton Children’s Learning Center. We are licensed by the State of Illinois and meet or exceed all of their standards. A qualified staff provides a warm, nurturing and educational environment that meets each child where they are on their developmental journey. **Enrollment payments can be made online at <http://www.gortoncenter.org>, just click on Children’s Learning Center, and 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 Children's Learning Center.

1. Registration Form:

Please complete the entire **Registration Form, sign and date.**
Sign and date the **Verification of Receipt** section.

2. DHS Certificate of Child Health Examination signed and dated by the 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 DOCTOR'S NOTE ON FILE.

3. Birth Certificate - A photocopy of each child's birth certificate – is required by DCFS.

4. Standard Registration fee – Early enrollment is from 5/2/22 to 8/13/22. Early enrollment is \$175.00 for one child and \$230.00 for two or more children. After August 13th, it is \$225 for a family enrolling one child and \$275 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 Learning Center. **Registration fees are non-refundable.**

5. Reservations - We are a flexible schedule center that operates on a standing reservation only platform . Standing reservations are defined as a 2.5 hour minimum commitment, the same time and day of the week for the entire semester. Fall semester is **9/6/22 to 12/16/22 and Spring begins 1/04/23- 6/2/23. The hourly rates as of 9/6** are: for one child attending are \$15 per hour for 0-24 months, \$12.50 per hour for 2 years, and \$11.50 per hour for 3-5 years; half-hourly price for each additional child. Standing reservations are accepted on a first come, first serve basis.

6. Lunch – lunch is \$4 for children ages 15 months and up. You may 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 the reception desk.

Thank you for your cooperation in completing the necessary information. Please read the Parent Handbook to become familiar with our Center.

Registration for 2022-2023

I, _____ confirm all below information is the same as 2021-2022 school year registration forms ____ (check if applicable).

Child's Name _____ Parents/Guardians Name _____

Address: _____ ZIP _____

Home Phone: _____ parent/guardian mobile : _____

Parent/guardian Employer: _____ Work Phone: _____

Children: Name: _____ DOB _____ Gender: M/F

Name: _____

DOB _____ Gender: M/F

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 will 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 that 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 case of a 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 CLC staff will make reasonable accommodations to the best of their ability. (initial____)

7. All children enrolled at the Gorton Children's Learning 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 1st-15th and then the 16th-31st 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. Drop off payment via check or cash in the payment drop box . I understand that I will be charged \$25.00 plus bank fees for any checks that are returned.

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

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 Learning 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 standing reservation at the Gorton Children's Learning Center (CLC).

If I drop my child before the reserved time, I agree to pay for the time my child arrived.

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 Learning Center (CLC) to notify them I am late within 10 minutes of the time I have reserved, the CLC will call the emergency number I provided on the sign-in sheet. If I cannot be reached immediately, the CLC 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 CLC 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
Name(s) of Child(ren)

I/we have 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/Children'Learning Center/enroll/>

I AGREE TO COOPERATE WITH THE RULES AND REGULATIONS OF THE GORTON CHILDREN'S LEARNING CENTER REGARDING FEES, ABSENT DAY POLICY, ILLNESS, IMMUNIZATION UPDATES, CLOTHING AND OTHER ITEMS SPECIFIED IN THE PARENT HANDBOOK.

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 received and read a copy of the Gorton Children’s Learning Center parent handbook:

Signed: _____ **Date** _____

Covid - 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.

Print Name of Parent/Guardian and Date

Signature of Parent/Guardian

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

Gorton Children's Learning Center
Credit Card Authorization Form Repeat Payments

CARDHOLDER INFORMATION

Name: _____

Street Address: _____

Billing Address (if different): _____

City: State: Zip Code: _____

Country: Email (for receipts) _____

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 Learning Center to charge my credit card for amounts due

Signature of card holder _____

Date _____