



## REGISTRATION INFORMATION

School Year 2024-25

Welcome to the Gorton Children's Learning Center. We are licensed by the State of Illinois and meet or exceed all 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 [www.gortoncenter.org](http://www.gortoncenter.org), just click on Children's Learning Center and select "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 the 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 May 1, 2024 to August 10, 2024. Early enrollment is \$175.00 for one child and \$230.00 for two or more children. After 11:59PM on August 10, it is \$205 for families 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. Standing reservations are accepted on a first come, first-serve basis. ***The fall semester is September 3, 2024 to December 2, 2024 and the spring semester runs from January 6, 2025 to June 2, 2025.*** The hourly rates as of September 3 for one child are \$18 per hour for 0-24 months, \$16.00 per hour for 2-year-olds, and \$15.00 per hour for 3 to 5-year-olds. A 15% sibling discount will be applied when siblings attend at the same time. The discount is applied to the lowest tuition rate.

**6. Lunch** – Lunch is \$5 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 2024-2025**

I, \_\_\_\_\_ confirm all the below information is the same as 2023-24 school year registration forms\_\_\_\_(check if applicable). *Please do not complete if information has not changed.*

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: M/F

**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 to 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 two 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, that 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 the 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 the 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 two 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 for all unpaid balances after 72 business hours.

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

**YES** I give my permission for my child(ren) to be photographed/videoed at the Center for display at the Center or in Gorton Center marketing materials. I understand that I would be contacted for my permission before a photograph would be released for publicity outside the Center or Gorton Center website.

**NO** I do not give my permission for my child(ren) to be photographed/videoed 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 (CLC) 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.

If I drop my child off 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 five minutes I am late.

If I have not contacted the 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: [gortoncenter.org/learning-center/enroll/](http://gortoncenter.org/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.

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

\_\_\_\_\_  
Date

**Parent Handbook** - I have received and read a copy of the Gorton Children's Learning Center parent handbook:

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Signature of Parent

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Date

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Printed Parent/Guardian Name

**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 the amounts due.

\_\_\_\_\_  
Signature of Card Holder

\_\_\_\_\_  
Date