



CAMP GORTON 2025

Set sail into a world of adventure at Camp Gorton as we go Under the Sea! Your child will explore the wonders of the ocean through hands-on learning, games, and creative crafts.

This summer, we are diving into the deep blue sea. On the first dive, we're looking for fish, on the second dive, we're on the hunt for all the sea creatures we can find, and on the third dive, we're focused on all the other life forms under the sea. Camp activities include art, science, gardening, outdoor time, water play, music, and movement. Each session will wrap up with a water day and popsicles!

Ages: 6 weeks - 5 years

Session I: June 16- July 3 (no camp June 19)

8:30 am-12:30 pm

M-F: \$949

MWF: \$584

T/Th: \$365

Full-Day Option

M-F: \$1722.50

MWF: \$1060

T/Th: \$662.50

Session II: July 7 - July 25

8:30 am-12:30 pm

M-F: \$1095

MWF: \$657

T/Th: \$438

Full-Day Option

M-F: \$1987.50

MWF: \$1192.50

T/Th: \$795

Session III: July 28 - August 15

8:30 am-12:30 pm

M-F: \$1095

MWF: \$657

T/Th: \$438

Full-Day Option

M-F: \$1987.50

MWF: \$1192.50

T/Th: \$795

*Our 2% Convenience Fee has been lowered to \$10 per camp selection
Options available: MWF, TTh or M-F. AM Only or Full Day. No exceptions.
Lunch will be served at noon – cost is included in tuition.*

CURRENT 2024-2025 PARENTS

If your child was enrolled in the 2024-2025 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 3-7 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.

CANCELLATION POLICY: You may cancel your child's Camp Gorton registration up to four weeks before the first day of camp. We are not able to give refunds for cancellations with less than four weeks' notice. A 10 percent handling fee will be assessed for all cancellations. To cancel, please call 847-810-4115. If your child is unable to attend camp due to medical reasons, you may receive a refund (less the 10% processing fee) at any time prior to the start of camp by providing a doctor's note. We are unable to refund for any missed days of camp.

I, _____ confirm all below information is the same as 2024-2025 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 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. 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 am and pick by 12:30 pm for half day, and 4 pm for full day. 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
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

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.