



Kindergarten Readiness Summer Program

What: An in-person summer enrichment and learning experience for children entering kindergarten.

Where: Birch Grove Primary School - FRC classroom B14

Dates: July 8, 2024 through July 18, 2024, Monday- Thursday. You must commit to both weeks.

Hours: The program will run from 9:00 AM to 12:00PM.

Cost: \$175.00 for the 2-week session. Financial assistance is available.

Registration: Return completed registration forms to Tolland Family Resource Center, 247 Rhodes Rd. Tolland, CT 06084, or email tollandfrc@tolland.k12.ct.us. Please make checks payable to Tolland BOE.

Health Form required: A copy of your child's most recent Early Childhood Health Assessment Record.

What to Bring: Daily: backpack, water bottle, one snack in a self-cooled container (no microwave available). Tuesdays only: bathing suit and towel. Please be sure all clothing and personal items are labeled with your child's name. Please apply sunscreen before arriving each day. Sunscreen will be reapplied as needed.

Program Components:

Quality Staff: The program will be staffed with a kindergarten teacher and 2 FRC aides.

Sparkler: Parents will be offered a link to Sparkler. Sparkler is an evidence-based, mobile tool that promotes family engagement, developmental screening, and early learning.

Parent meeting: There will be a parent meeting on self-regulation and kindergarten readiness with our Parent Educator.

Field Trip: We will offer a field trip to Wickham Park on Wednesday, July 17, 2024. There may be additional fees for the field trip.

If you have questions about any of the program components, please contact Carol Hiller, FRC Coordinator, at 860-870-6750 X 5 or chiller@tolland.k12.ct.us

Tolland FRC – Kindergarten Readiness Program – Summer 2024

CHILD/FAMILY INFORMATION: *Please print clearly.*

Child's Name:	D.O.B:	Gender:	Did your child attend preschool this year?
Home Address:	Town:	State/Zip Code:	
Ethnicity: not Hispanic or Latino <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/>			
Race (select one or more of the following): American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/>			

Parent/Guardian Name:	Gender:	Relationship to Child:
Home Address:	Town:	State/Zip Code:
Home #:	Work #:	Cell #:
Employer:	Email Address:	
Ethnicity: not Hispanic or Latino <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/>		
Race (select one or more of the following): American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/>		

Parent/Guardian Name:	Gender:	Relationship to Child:
Home Address:	Town:	State/Zip Code:
Home #:	Work #:	Cell #:
Employer:	Email Address:	
Ethnicity: not Hispanic or Latino <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/>		
Race (select one or more of the following): American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/>		

In case of emergency, which parent/guardian listed above should we contact first? _____
 Unless informed otherwise, the Tolland Family Resource Center assumes both parents listed above may pick up the child. If a parent may not pick up the child, legal documentation of that fact is required.

EMERGENCY INFORMATION

If the Tolland Family Resource Center staff cannot reach the parents/guardians, the following individuals have permission to make decisions about my child's care, including permission to pick up my child from the FRC in case of emergency.

Name:	Relationship to child:
Home #:	Cell #: Work #:
Name:	Relationship to child:
Home #:	Cell #: Work #:

CHILD PICK UP AUTHORIZATION

I give permission for my child to be released from the Family Resource Center program to the people listed below at any time. I understand that FRC staff require these people to furnish Photo Identification before releasing my child.

Name:		Relationship to child:
Home #:	Cell #:	Work #:
Name:		Relationship to child:
Home #:	Cell #:	Work #:
Name:		Relationship to child:
Home #:	Cell #:	Work #:

ADDITIONAL INFORMATION

With whom does the child <i>primarily</i> reside? Both <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Split Custody <input type="checkbox"/> Other <input type="checkbox"/>
<i>If other is selected for primary residence, please explain:</i>
Primary language spoken at home:
Additional languages spoken:
Siblings' Names & D.O.B.:

HEALTH/WELLNESS INFORMATION

Are your child's immunizations up to date? Y <input type="checkbox"/> N <input type="checkbox"/>
Does your child take any prescribed or over-the-counter medication regularly? Y <input type="checkbox"/> N <input type="checkbox"/>
If yes, please list medication name(s):
If your child needs medication while at the program, it must be provided in the original container to the attending staff and accompanied by an Authorization for the Administration of Medication form, completed by your physician.
Does your child have any allergies (food, medication, seasonal, etc.)? Y <input type="checkbox"/> N <input type="checkbox"/>
If yes, please explain:
Does your child follow a special diet (i.e., gluten-free, vegetarian, vegan)? Y <input type="checkbox"/> N <input type="checkbox"/>
If yes, please explain:
Does your child have any chronic health concerns (i.e., asthma, seizures, diabetes)?
If yes, please explain:
Has your child been diagnosed with any developmental disorders?
ADD/ADHD <input type="checkbox"/> ASD <input type="checkbox"/> Hearing <input type="checkbox"/> Language/Speech <input type="checkbox"/> Vision <input type="checkbox"/> Other <input type="checkbox"/> _____ None <input type="checkbox"/>

Additional Health/Wellness Information (special circumstances, sensitivities, social/emotional concerns, etc.)

--

Is your child covered by any hospitalization/medical care policy? Y <input type="checkbox"/> N <input type="checkbox"/>		
Name of Insurance Company:		Phone #:
Address:	City:	State/Zip:
Policy Holder's Name:		Policy Number:
Physician:	Phone #:	
Please list a preferred hospital:		

Please review the information you have provided on this registration form to ensure accuracy.

___I do / ___do not give permission for my child to be photographed. (Pictures may be placed in the FRC scrapbook or displayed in the classroom. Pictures may also be displayed at other FRC events, such as the Open House, town childcare fair etc. Pictures will not be placed in the newspaper without prior written approval. Pictures will never be placed on social media.)

Parents are asked to check their child(ren) each day for ticks. The FRC is not responsible for any insect related illness.

Signature _____ Date Signed _____

We must have a minimum of 10 children enrolled to offer the session. Classes will have a maximum of 16 children.

Please note: Registration is accepted first come first serve, with priority going to children that have not had a complete preschool experience this year. Families will receive a letter of notification of enrollment.

Thank you for your application to the
Tolland Family Resource Center Kindergarten Readiness Program

FOOD ALLERGY ALERT (FRC)

Child's Full Name

Allergic to:

Place recent photo here

Ingestion: YES NO UNKNOWN
Contact: YES NO UNKNOWN
Inhalation: YES NO UNKNOWN

Describe type of reaction:

Medication(s) Prescribed:
