

**Tolland Family Resource Center**  
**School Age Care Change of Registration Form**  
One Month Notice is Required

Child's Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Home Address \_\_\_\_\_ Town/State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Parent/Guardian Name \_\_\_\_\_ Work Phone \_\_\_\_\_

**CURRENT SCHEDULE**

\_\_\_\_ Before School Care \_\_\_\_ days per week (Circle: Mon. Tue. Wed. Thu. Fri.)

\_\_\_\_ After School Care \_\_\_\_ days per week (Circle: Mon. Tue. Wed. Thu. Fri.)

Please check off a site: \_\_\_\_ Birch Grove \_\_\_\_ Tolland Intermediate School

**NEW SCHEDULE effective** \_\_\_\_\_  
(fill in date new schedule will begin)

\_\_\_\_ Before School Care \_\_\_\_ days per week (Circle: Mon. Tue. Wed. Thu. Fri.)

\_\_\_\_ After School Care \_\_\_\_ days per week (Circle: Mon. Tue. Wed. Thu. Fri.)

Please check off a site: \_\_\_\_ Birch Grove \_\_\_\_ Tolland Intermediate School

**WITHDRAWING from program effective** \_\_\_\_\_  
(fill in date of your child's last day attending the program)

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

Date \_\_\_\_\_