

**TIS Digital Backpack**  
**June 12, 2023**



*Photo courtesy of M. Lachut*

## **FROM THE PRINCIPAL'S OFFICE:**

### **Thank You to TIS Families**

As we come to the end of another school year we'd like to say thank you to all TIS families for their support. A home to school collaborative relationship is essential for children to be truly successful. We appreciate the help and support from all TIS families. Have a wonderful summer.

### **Thank You to TIS Staff**

Thank you to the amazing TIS staff for the unwavering devotion they bring to the children of TIS each and every day. Educators play such an important role in the lives of their students and the staff of TIS never wavers in their desire to assist children in meeting their full potential. I am so proud to work with such an amazing group of professionals.

### **Thank You PTO**

A special thank you to members of TEPTO for the countless hours they devoted to the students and staff of TIS. We could not provide our students with the education they deserve without the PTO. Thank you to outgoing President Bethany Lescoe and Treasurer Linda Scheidel for hundreds of hours of hard work as well as the support you've given to Birch Grove and TIS.

## **Well Wishes in Retirement to Ms. Storozuk and Ms. Schiaroli**

At TIS we send a heartfelt goodbye to fifth grade teacher Lorrie Storozuk and speech and language pathologist Kathy Schiaroli. Ms. Storozuk and Ms. Schiaroli have been at TIS since our inception back in 2008. These two amazing ladies have helped to lay the foundation of our school. We are truly indebted to these two talented educators. They have made long lasting impacts on our school as well as the hundreds of students they have come in contact with over the years. They will be remembered for the fierce dedication they have brought to the students of TIS.

## **Placement**

Here at T.I.S, we've been working hard on classroom placement. The process of placing children in a classroom is a comprehensive undertaking in which many factors are taken into consideration. Among these factors are: academics, learning style, social concerns, parent feedback and special needs. Classroom teachers, reading specialists, special education teachers, guidance counselors and administrators all play a part in placing each of our students in an environment that is well suited to their learning style.

Classrooms at T.I.S are heterogeneously grouped, which means that children of all ability levels are placed in the same room. In order to meet the needs of a wide variety of learners, teachers differentiate their instruction to meet the needs of all students.

Look for placement letters to be emailed in mid-August.

## **Fifth Grade Promotion Ceremony**

For the 13th year in a row, the Tolland Intermediate School Fifth Grade Promotion Ceremony will be held at TIS on the last day of school, June 23 at 9:30 AM. We are thrilled to be able to return to our traditional in person ceremony. Due to space constraints, we ask that guests be limited to two per child.

## TIS CALENDAR



- 12 Hawk Community Day
- 13 Grade 5 Fun Day
- 14 Grade 5 Fun Day Raindate
- 15 Grade 5 Promotion, 9:30 a.m.

### *Special calendar note:*

*The 2022-2023 school year has been shortened from 182 days to 180 days. The last day of school will remain June 15, 2023, as previously published.*

*This is an early dismissal day (12:40 p.m.)*

## *News from the Math Interventionists*

Math intervention groups are wrapping up for the year and Mrs. Fischer, Mr. McCarthy and Ms. Glyman would like to express how hard the students worked this year. They were so fun to work with and they all made some really good progress. It was a true pleasure to spend time with them each day.

Third grade students worked on everything from multi-digit addition and subtraction to beginning multiplication facts. They also used graphic organizers to solve some tricky word problems. They also really enjoyed some fluency activities like Target 20 and Target 100. We have had some epic games with the third graders this year and by the end of the year they were becoming very fluent with their facts and using great strategies to defeat the teachers.

Fourth grade students enjoyed some great fluency games as well. Draw 4 helped them multiply 2 digit numbers by 2 digit numbers. The fourth graders would arrange the numbers in order to make the largest product they could make. Students became experts at this game and also increased their efficiency with multiplication. Throughout the year the fourth graders worked on basic multiplication fact strategies, then moved on to some difficult problem solving strategies, and ended the year with multi-digit multiplication. They all worked so hard this year and we were so excited to see their progress.

The fifth grade had a favorite fluency game as well. Products Four in a Row was a classic activity that everyone enjoyed. Mr. McCarthy started the year undefeated and was very proud of himself for that, but as the year went on the fifth graders defeated him quite a bit. They were more than happy to celebrate in front of him and keep track of how many losses he was racking up. The fifth graders focused on lots of problem solving this year, especially two step problems. They also made excellent progress working with fractions and decimals. We will miss them next year as they move on to Tolland Middle School.

All math students could stay sharp this summer with any of these games or by practicing their addition and subtraction facts and their multiplication and division facts. Feeling fluent and efficient with facts is a great way to be ready to succeed in the fall. Have a wonderful summer and we look forward to seeing you next year!

## END OF THE YEAR GRADE LEVEL WRAP-UPS

### 3<sup>RD</sup> GRADE

That's a wrap! We made it through another school year and third graders did it with smiles, enthusiasm, poise, and patience. All teachers and staff are so proud of these kids!

As we end the school year we can reflect on some great learning. We are finishing up our units in Foundations where students reviewed and learned new syllable types. They became experts at marking words and have a great new understanding of how the English language works. They are leaving with tools to spell words they know and brainstorm words they are unsure about. All third graders learned how to write in cursive, and we are practicing this as the school year ends.

In the Journeys program students read many fiction and non-fiction stories. They practiced skills such as story structure, making inferences, understanding author's purpose, story message, and explored fiction and nonfiction text features. Teachers want to encourage students to continue reading all summer and work on the Governor's Summer Reading Challenge. They will be receiving packets from their teachers with information on how to do this over the summer.

Math was an exciting year for our students as well. All third grade classes used the Bridges Math program and continued their routines from last year.. A huge hit was our Number Corner and most classes ended the year making up their own number cards to explore what they have learned all year. Students were very proud to be able to get the skills they need to be successful in multiplication and division. We worked on geometry, telling time, real-world word problems, fractions and had fun using Math Mysteries as a way of reviewing skills. One of the best ways to continue working over the summer is by practicing math facts. Students can still log into Reflex and IXL to practice their skills. We also encourage practicing math facts using the games they have learned in class. Flash cards, using money and cooking together as a family are also great ways to sharpen skills while having fun.

Tolland Green day was a huge success this year! We walked up to the Tolland Green to visit the Jail Museum and the Hicks-Stearns Museum. Third graders dressed up in 1800s clothing and participated in a One Room Schoolhouse demonstration, colonial games and lunch

together as a class. This was such an exciting day for third graders and one that they will remember for years to come. We ended our Social Studies unit with a wonderful trip to Old Sturbridge Village. It was such a beautiful day and the kids had so much fun with their classmates.

Again, we would like to thank parents and families for all your support this year. We wish everyone a wonderful summer, filled with adventures with friends and family. Enjoy every minute and we can't wait to see your children thrive in fourth grade next year!

#### **4<sup>TH</sup> GRADE**

June has been a busy month for fourth graders. We have been working to apply skills learned throughout the school year in both language arts and math. It has been exciting to see the growth in so many areas.

The fourth grade field trips to the Springfield Museums were a huge success! . It was a wonderful experience, full of educational opportunities and time to share these with classmates. The students looked great in their red t-shirts designed by the high school graphics department.

As the school year comes to a close, we wish all of the students a relaxing and fun-filled summer with time for family and friends. We know that they are ready to take on their next journey as fifth graders at TIS in the fall and look forward to hearing about all of their accomplishments.

The fourth grade teachers send a huge thank you to all parents and guardians for their support throughout the year. We wish everyone a wonderful summer!

#### **5<sup>TH</sup> GRADE**

This has been an amazing year for our 5th grade students and teachers! We can't believe this school year is already coming to an end. We've had so many great memories of this year.

Each year, fifth grade students leave their mark on our TIS school walls. As we say goodbye to our amazing fifth graders, we will continue to follow this tradition. Fifth graders completed this activity on Friday, June 2nd. They had a great time! Thanks to all the parents who volunteered!

To celebrate our students this year, we have a 5th grade Fun Day planned for Tuesday, June 13th. Students will participate in many outdoor activities. Students will have a chance to visit a variety of stations, which will include an obstacle course bounce house, spin art, and a variety of outdoor games. We have other surprises, like a DJ and a frozen treat! Students can bring a picnic bagged lunch from home OR they were able to sign up for a lunch provided by the cafeteria. We are so excited for this fun day!

We would like to thank our PTO for funding our inflatables, ice cream truck and DJ. This has become students' favorite TIS send-off! Thank you so much!

**COMMUNITY EDUCATIONAL  
OPPORTUNITY  
FOR  
MUSIC STUDENTS**



Introducing . . . . Our 3rd annual  
Gerry's Music Summer Practice Challenge!

Ten minutes every day will make all the difference!!

Use the QR Code to download and print our official practice logs.

Practice this summer and track your minutes!

Each month, mail your completed log to our store to be entered to  
win a \$50.00 gift certificate!

One \$50.00 winner will be chosen each month: June, July, and August.

Gerry's Music  
shop 





# News from Student Services

## REACH

Relationships  
Emotions  
Academic  
Career  
Help

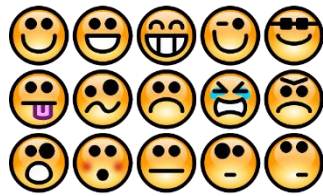


REACH classes with Mrs. Bishopric, School Counselor, and Mr. Trane, School Counseling Intern, promote knowledge, attitudes, and skills through instruction in three content areas: academic achievement, career development, and personal/social growth. This year, we meet with all students approximately once per month in the specials rotation to deliver our lessons.

### Third Grade

We have had an exciting end to the year in REACH! In March, our theme across grade levels was Careers. Third grade students had the opportunity to read a fun book called When I Grow Up, written by Al Yankovic. It is a fun, silly story about how we can grow up to be anything we want to be! Students then completed an activity where they learned about a type of career called a community helper and sorted a deck of cards matching certain tools with jobs.

In April, third grade students learned a bit about mental health using a book called Gizmo's Paw-some Guide to Mental Health. We talked about how sometimes we have big feelings, and it can be helpful to have strategies to manage those big feelings. Students then created an emotions strategy wheel, where they got to choose which strategies would be most helpful for them. We wrapped the year reflecting on obstacles we overcame and lessons we have learned!



## Fourth Grade

During fourth grade REACH in March, we focused on the world of work and learning more about careers that we might want to pursue someday. Students had a chance to participate in a career exploration Game Show, where they learned about jobs in different clusters. We had a chance to draw careers that would use certain tools or act out different jobs. It was lots of fun! In April, fourth grade focused on teamwork. We watched a video about a team of men in China who had to work together to plant over 10,000 trees to enhance their village. Students then took on the challenge called Crossing the Toxic Swamp! Teams worked together to try to cross the classroom (or the “toxic swamp”) using 5 pieces of paper as “floatation devices.” Special rules made this challenge extra tricky, and teams really had to use communication skills and teamwork to complete the challenge!



Finally in May, we wrapped up the year talking about resilience. We watched a short video about a sweet little llama who faced a challenge. He had to show quite a bit of resilience to get to his end goal of reaching a special snack on the other side of a fence! We then did a resiliency challenge where students had to toss beads to a teammate and land them in a small cup. As each level was completed, the challenges became more difficult and our fourth graders really needed

to show resilience to keep going! We had a lot of fun in fourth grade this year!

## Fifth Grade

During fifth grade REACH in March, our focus was on career exploration. Students not only had a chance to learn about careers within our REACH class, but they also had the opportunity to meet and talk with special parent visitors in lots of different career areas during our first-ever Fifth Grade Career Day! On this day, students were invited to walk around a “career fair” in our cafeteria and visit with various speakers across career fields. We had a master mechanic, a flight nurse, a police lieutenant, a physical therapist, a lawyer, a policy analyst and more! Students were sure to visit each station and ask questions. We even saw some live demonstrations and students were able to try out some medical equipment. It was a fantastic day!



To wrap up the year in fifth grade, in April, we presented a lesson on Cyber Bullying. Cyber bullying is just like regular bullying, but it happens through electronic technology. Students had the chance to watch videos of a story about a girl who was being picked on online and watched some positive solutions to get the bullying to stop. We then had a chance to practice what to do if you see or know about cyberbullying happening, and who are safe grownups to report to. Finally in May, fifth grade students had some time to reflect on our exciting year by playing an End of the Year Game Show! Teams worked together to complete challenges and earn points across several categories. We had some great conversations about what they are looking forward to, what they will miss the most, and acting out some funny memories from the year! It is hard to say goodbye to our fifth graders, but they will certainly rise to the challenge of sixth grade and beyond.



## **June – From the Reading Department**

**As we look forward to the summer break, I know we are all making our plans for fun, vacations and activities to keep the children active and entertained. Please add Reading to that list of activities. Reading during the summer will keep the skills we have worked so hard to learn fresh. That way they come back to school ready to learn and not working to relearn those skills.**

**The Governor's Reading Challenge is a great opportunity to encourage your child to read during the summer. The following items are distributed by Governor Lamont and the Connecticut State Department of Education.**

**Have a safe and happy summer. Happy Reading!!!!**

# CT READS 2023



**The Governor's Summer Reading Challenge**



**The Governor's  
Summer Reading  
Challenge**



Governor  
Ned Lamont



The Governor's Summer Reading Challenge is a statewide program coordinated by the Connecticut State Department of Education in conjunction with the Connecticut State Library.

The Connecticut State Department of Education is an affirmative action/equal opportunity employer.



## The Governor's Summer Reading Challenge

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### A Message to Parents and Students

The State of Connecticut sponsors the Governor's Summer Reading Challenge because reading is the most important skill. Research shows that reading is crucial to a child's brain development and intellectual stimulation. And that's just the beginning:



#### **Reading is a gateway skill.**

It opens the door to all other learning.



#### **Reading is the processing of information.**

It requires the student to develop a capacity for conceptual thinking — an ability to think about the nature and significance of things.



#### **Reading builds language skills.**

By becoming more familiar with language through reading, students build a rich vocabulary and an ability to express themselves clearly and creatively.



#### **Reading builds better thinking strategies.**

Analyzing words, sentences, themes and meaning; concentrating, conceptualizing and visualizing — all these elements of reading are strategies to expand a student's ability to think.



#### **Reading is active and disciplined.**

Students learn to choose what they read and when they read, and they learn to discipline themselves to concentrate on the written word.



## What YOU Can Do to Encourage Reading

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### Use the library.

Getting a library card is 100% free and provides access to so many amazing print and electronic materials, as well as free or discounted museum passes and other services. Make sure everyone in your family has access to these great resources!



### Read every day.

Make it a habit to set aside time each day for everyone to read—books, magazines, newspapers, letters. You can even begin by reading television listings, then discussing what you will watch together and why.



### Talk about what you're reading.

Children need to see adults reading frequently. They also need to know the benefits of reading. Talk to your children, grandchildren, nieces and nephews, even young neighbors about what you're reading. Tell them how much you have enjoyed it, what you have learned, and how you have been inspired.



### Ask about summer reading materials.

Schools and libraries often provide summer reading lists that highlight excellent books which are readily available, popular, and consistent with grade-level reading skills. Call your school or library for information.



### Make reading materials part of your home.

Buy books at bookstores and tag sales. Borrow books from the library and from friends. Subscribe to newspapers and magazines. *Then read, read, read!*

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To learn more about the Summer Reading Challenge, visit the Connecticut State Department of Education website: <https://portal.ct.gov/SDE/CTRead/Connecticut-Reads>.



To learn more about the Summer Reading Challenge, view a copy of the CT Reads 2023 Reading List, and/or download and print a colorful student reading journal, visit the CT State Department of Education website:

[Governor's Summer Reading Challenge \(ct.gov\)](https://www.ct.gov/departments/state-department-of-education/governors-summer-reading-challenge)

# FROM LAST WEEK'S DIGITAL BACKPACK:

**JOIN THE**  
**-CREW-**  
**After School**

**REGISTRATION**  
**JUNE 5**

**TOLLAND RECREATION PRESENTS**  
**"the CREW After School" Program**

**CELEBRATING**   
**RECREATION,**  
**EDUCATION AND**  
**WELL-BEING**

- After School Care for TIS - Students
- Mon-Fri: Dismissal bell to 6:00 P.M.
- Monthly fee includes Early Release Days
- Participants will be greeted at TIS by CREW Leaders at the end of each school day. The "crew" will walk up together to the Recreation Center (104 Old Post Road).
- Program is not open on days there is no school, or early dismissal.
- For more information call 860-871-3610 or visit [www.tollandct.myrec.com](http://www.tollandct.myrec.com)

**C**  
**R**  
**E**  
**W**

**\$250.00/per month**  
**- 50% ARPA Fund DISCOUNT**  
**ONLY \$125/Month!**

**Town of Tolland**  
**Recreation Department**



# TOLLAND RECREATION KAYAK LOANER PROGRAM

Office Hours: Monday-Wednesday 8-4:30 & Thursdays 8-7:30  
104 Old Post Road



FREE




**Tolland residents only**

**Available Monday-Thursday, June-October**

**Pick-up by appointment, return 9:15 the following morning**

**For more information and how to make an appointment visit  
[www.tollandct.myrec.com](http://www.tollandct.myrec.com) or call 860-871-3610**

## Tolland Locations

-  **Powell Pond (Crandall)**
-  **Heron Cove**
-  **Shenipsit Lake**



Tolland Recreation has obtained Kayak Equipment through a grant from Eastern Highlands Health District: Active Living Project 2023 Initiative.





Camp Invention®

# MAKE NEW DISCOVERIES THIS SUMMER



This year's all-new program inspires confidence as campers collaborate in creative problem-solving challenges led by qualified educators to bring their biggest ideas to life!

**SAVE \$15**

WITH CODE **WONDER15**

VALID FROM 7/1/23

**SAVE \$30**

WITH CODE **SIBLOVE30**

VALID FROM 7/1/23

**SAVE \$40**

WITH CODE **SIBLOVE40**

VALID FROM 7/1/23

## SECURE YOUR SPOT TODAY!

Register at [INVENT.ORG/CAMP](https://www.invent.org/camp) or 800-988-4332

Grades: K - 6th

Location: Tolland High School  
1 Eagle Hill Dr, Tolland, CT 06084

Date: July 31 - August 4, 2023

Time & Cost: 9:00 AM to 3:30 PM | \$295 (before discount)

Camp Director: Erica Yagowski | [eyagowski@tolland.k12.ct.us](mailto:eyagowski@tolland.k12.ct.us) | (800) 870-6800

*Subject Disclaimer: Please note, this program is open to Tolland Public School students in grades K - 6th only.*

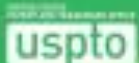
If these dates/times don't work for you, please visit [invent.org/camp](https://www.invent.org/camp) for other locations near you.

**REGISTER HERE!**

Camp Invention is a research program of the National Inventors Hall of Fame.



National Inventors  
Hall of Fame®



Inventor's In-Credibly Cool Benefits

• Access to exclusive classroom programs  
• Bonus D. Morgan Foundation  
• Inventor's University  
• World's In-Credibly Cool Foundation

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World's In-Credibly Cool Foundation  
10000 West of North Rd, Suite 204  
U.S. Postal Office of the Middle Country TEAM  
10000 West of North Rd, Suite 204  
Western Family Foundation

# CRANDALL'S SUMMER CAMP INFORMATION

## Registration Starts April 3, 2023



At Crandall's Summer Camp, we strive to engage your child in a variety of activities that include outdoor games, sports, nature, arts & crafts, creative games, water activities, and special events.

Children should bring a lunch, water bottle (please do not send glass), snacks, bathing suit and a towel each day. Please remember sunscreen and teach your child how to put it on properly.

Rainy days will be at the Tolland Recreation Center.

Register for camp online, by mail, or bring to the Recreation Office. Camp Runs Monday – Friday and is for children in grades K-8.

Participants are grouped by grade entering Fall 2023.

Deadline for registration is the Wednesday prior to the week you wish your child to attend by 12:00(noon).

**Maximum Enrollment: 60 participants per week**

### CRANDALL'S SUMMER CAMP SCHEDULE

Day: Monday – Friday Full day (8:00am-4:00pm)

Ages: Grades K – 8<sup>th</sup>

Date: Week 1: June 26 – June 30

Week 2: July 3 – July 7 (No July 4)

Week 3: July 10 - July 14

Week 4: July 17– July 21

Week 5: July 24 – July 28

Week 6: July 31 – August 4

Week 7: August 7– August 11

Deadline for registration is the **Wednesday prior** to the week you wish your child to attend by 12:00(NOON).

Location: Crandall Park (Rain location-Tolland Recreation Department)

### REGULAR DAY CAMP HOURS

Time: 8:00am - 4:00pm

(if you need extended hours you must also register for extended hours for each week)

Fee: \$100.00 Res. (discounted fee) / \$210.00 Non-Res Regular Day (5 Days)

### Week of July 4th Only

Fee: \$80.00 Res. (discounted fee) / \$170.00 Non-Res Regular Day (4 Days)

### EXTENDED DAY CAMP HOURS- (Must be registered for Regular day camp hours)

Time 4:00pm – 5:30pm

Fee: Additional \$15.00 Res. (discounted fee) / \$40.00 Non-Res.





# Tolland Family Resource Center

## Camp Hawk

### (SUMMER)

**What:** Tolland Family Resource Center Camp Hawk offers a high quality and exciting summer program for children ages five through twelve. Children must be five by September 1, 2023.

**Where:** Tolland Intermediate School

**Dates:** The summer program will run from Monday, June 19, 2023, to Friday, August 25, 2023. (No camp on Tuesday, July 4, 2023, in observance of the Independence Day holiday.)

**Hours:** The camp is offered Monday through Friday from 9:00 AM to 4:00 PM. Extended care is available for an additional fee from 7:00 AM-9:00 AM and/or 4:00 PM-6:00 PM. The one fee covers both am and pm extended care.

**Cost:**

Full Week tuition is \$190.00 per week from 9:00 AM-4:00 PM.

Full Week extended care is an additional \$45.00 per week for AM and/or PM care.

For Camp Hawk 2023 the FRC will cover the fees for field trips and special activities.

**Part Time Rate:**

All children must enroll for a minimum of 2 days per week.

The part time rate is \$45.00 per day from 9:00 AM-4:00 PM.

Part time extended care is an additional \$15.00 per day for AM care and/or PM care.

For Camp Hawk 2023 the FRC will cover the fees for field trips and special activities.

**Registration:** Registration begins March 1, 2023. The registration fee is \$50.00 per child or \$75.00 per family. A one-week security deposit is also due upon registration. You may register for as many weeks as you wish. Return completed registration forms to Tolland Family Resource Center, 247 Rhodes Road Tolland, CT 06084. Please make checks payable to the Tolland Board of Education.

**General Expectations:** For safety concerns, all campers are to follow Camp Hawk's expectations, guidelines, and policies as listed in our handbook. Handbooks will be available on our website by June 1, 2023. **Please make sure to read!**

**Program Components:**

**Quality Staff:** Our staff is experienced and qualified. Many of our staff work in the School Age Care Program, which provides continuity for the children. Staff members are first aid & CPR trained and medication certified.

**Meals:** Children need to bring their own lunch, a morning snack, an afternoon snack and a beverage in a self-cooled container. No microwave or refrigerator is available. Water is available for children throughout the day.

**Theme Weeks:** Each week has a fun theme! Children participate in planned activities geared toward the theme.

**Field Trips and Special Guests:** The children will have the opportunity to experience in-house field trips/special guests as well as in person trips throughout the summer. The camp will take hiking trips.

**Incident weather:** At times when the weather does not allow the children to go outside (i.e., extreme heat or rain), the staff will plan special activities for the children inside.

**What to Bring:** Please put your child's name on every item brought to camp. Each child must bring the following: backpack, change of clothes, bathing suit, towel, lunch, and snacks (in self-cooled container), water bottle, sunscreen, and insect repellent (left in their locker). Please apply sunscreen before arriving each day. Children may reapply their own sunscreen as needed.

If you have any questions about any of the program components, please call the Family Resource Center at 860-870-6750 x5.



**Camp Hawk  
2023 Theme Weeks**

<b>Week 1 (June 19*-23)</b> <b>"Hello Summer"</b> <b>Field Trip Friday - Sonny's Place</b>	<b>Week 6 (July 24-28)</b> <b>"Dinosaur Days"</b> <b>Field Trip Friday - Dinosaur State Park</b>
<b>Week 2 (June 26-30)</b> <b>"Surf &amp; Sun"</b> <b>Field Trip Friday - Hammonasset</b>	<b>Week 7 (July 31-August 4)</b> <b>"To Infinity &amp; Beyond"</b> <b>Field Trip Friday - Ecotarium</b>
<b>Week 3 (July 3-July 7, closed Tuesday, 7/4)</b> <b>"Rockin' in the USA"</b> <b>Field Trip Friday - Hike a Tolland Trail</b>	<b>Week 8 (August 7-11)</b> <b>"Around the World"</b> <b>Field Trip Friday - Storyteller</b>
<b>Week 4 (July 10-14)</b> <b>"Anything Goes"</b> <b>Field trip Wednesday - Mr. Gym</b>	<b>Week 9 (August 14-18)</b> <b>"Animal Kingdom"</b> <b>Field Trip Friday - The Children's Museum</b>
<b>Week 5 (July 17-21)</b> <b>"Science Fun"</b> <b>Field Trip Friday - Mad Science</b>	<b>Week 10 (August 21-25)</b> <b>"Goodbye Summer"</b> <b>Field Trip Friday - Spare Time Bowling</b>

\*The start date of week 1 is dependent on the last day of school.  
The last day of camp is Friday, August 25<sup>th</sup>.

**Tolland Family Resource Center  
Camp Hawk**

**2023 Registration Form**

**Registrations must be submitted with applicable fees and required deposit to be complete.**

**CHILD/FAMILY INFORMATION: Please print clearly.**

Child's Name:	D.O.B:
Grade in September 2023:	Gender:
Home Address: Code:	Town: State/Zip
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: Code:	Town:	State/Zip
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: to Child:	Gender:	Relationship
Home Address: Code:	Town:	State/Zip
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?**

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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. **It is your responsibility to let us know of changes in residency, billing, custody, & contact information.**

**EMERGENCY INFORMATION**

If the Tolland Family Resource Center staff **are unable to reach the parents/guardians**, the following individuals have permission to make decisions regarding the care of my child, 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 the FRC staff requires photo identification of authorized pick-up people 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 <b>primarily</b> 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 selected for primary residence, please explain:</i>
Parent/Guardian Responsible for billing: Both <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other <input type="checkbox"/>
<i>If other selected for billing responsibility, 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 on a regular basis? Y <input type="checkbox"/> N <input type="checkbox"/>
If yes, please list medication name(s):
If your child requires medication during camp hours, it must be provided in the original container to the attending staff as well as 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 (gluten-free, vegetarian, vegan)? Y <input type="checkbox"/> N <input type="checkbox"/>
If yes, please explain:
Does your child have any chronic health concerns (asthma, seizures, diabetes)? Y <input type="checkbox"/> N <input type="checkbox"/>
If yes, please explain:
Has your child been diagnosed with any developmental disorders? Y <input type="checkbox"/> N <input type="checkbox"/>
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"/>
Does your child receive any of the following services? Y <input type="checkbox"/> N <input type="checkbox"/>
Special Education <input type="checkbox"/> 504 <input type="checkbox"/> IEP <input type="checkbox"/> 1:1 Aide <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/Camp Hawk photo album, scrapbook or displayed in the classroom. Pictures may also be displayed at other FRC/Camp Hawk 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.)

\_\_\_ I do / \_\_\_ do not give permission for my child to view PG movies occasionally.

\_\_\_ I do / \_\_\_ do not give permission for my child to self-apply sunscreen and insect repellent, as needed. **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 \_\_\_\_\_

**Camper's Name:** \_\_\_\_\_

Enrollment Options (Please check below):

**Full Week:**

\$190.00 per week

9:00 AM-4:00 PM \_\_\_\_\_

\*For Camp Hawk 2023 the FRC will cover the fees for field trips and special activities.

Additional \$45.00 per week for AM and/or PM extended care

7:00 AM-9:00 AM \_\_\_\_\_

4:00 PM-6:00 PM \_\_\_\_\_

**Please check the full week's options below:**

\_\_\_\_\_ I am enrolling my child for ALL TEN weeks of the summer program.

\_\_\_\_\_ I am enrolling my child for the following full weeks (please circle weeks attending):

Week 1 (June 19 - 23)	Week 6 (July 24 - 28)
Week 2 (June 26 - 30)	Week 7 (July 31 - August 4)
Week 3 (July 3 - 7) Closed Tuesday, 7/4, Prorated fee	Week 8 (August 7 - 11)
Week 4 (July 10 - 14)	Week 9 (August 14 - 18)
Week 5 (July 17 - 21)	Week 10 (August 21 - 25)

**Part Time:**

\$45.00 per day (minimum 2 days per week)

9:00 AM-4:00 PM \_\_\_\_\_

\*For Camp Hawk 2023 the FRC will cover the fees for field trips and special activities.

Additional \$15.00 per day for AM and/or PM extended care

7:00 AM-9:00 AM \_\_\_\_\_

4:00 PM-6:00 PM \_\_\_\_\_

**For children attending part time, please circle the days attending below:**

<b>Week 1 (June 19- 23)</b>	<b>M T W Th F</b>
<b>Week 2 (June 26-30)</b>	<b>M T W Th F</b>
<b>Week 3 (July 3-7)</b>	<b>M T W Th F (Closed Tuesday 7/4 in observance of Independence Day)</b>
<b>Week 4 (July 10-14)</b>	<b>M T W Th F</b>
<b>Week 5 (July 17-21)</b>	<b>M T W Th F</b>
<b>Week 6 (July 24-28)</b>	<b>M T W Th F</b>
<b>Week 7 (July 31-August 4)</b>	<b>M T W Th F</b>
<b>Week 8 (August 7-11)</b>	<b>M T W Th F</b>
<b>Week 9 (August 14-18)</b>	<b>M T W Th F</b>

**SUMMER PROGRAM POLICIES:**

- Registration fees are non-refundable.
- Registrations will be accepted until June 1, 2023.
- A one-week tuition deposit (per child) is due upon registration, which will be applied to the last week of enrollment. The tuition for June, July and August will be due on the first of each month. A \$15.00 late fee will be assessed if payment is not received by the 5<sup>th</sup> of each month.
- Refunds of tuition deposits will be given only if your child is withdrawn **before June 1, 2023.** No tuition deposits will be refunded after this date.
- If requesting to withdraw from any enrolled week at Camp Hawk after June 1, 2023, families are responsible and required to pay the tuition for all registered weeks.
- Any change in registration requires a Change of Registration form found on the website.
- The summer program has a limited capacity and will be filled on a first come first served basis.
- The Tolland Family Resource Center must have a copy of the child's current health form on file by June 1, 2023.

- Please read our Summer Handbook for all program policies. The handbook will be available on our website ([tolland.k12.ct.us/community/family\\_resource\\_center](http://tolland.k12.ct.us/community/family_resource_center)) on June 1, 2023.

My child \_\_\_\_\_ will be attending the summer program at the Tolland Family Resource Center. I have enclosed a non-refundable registration fee of \$50.00 per child / \$75.00 per family and a one-week deposit per child. (Deposits will be applied to the last week of the program for which your child(ren) is/are enrolled.)

I have read and understood the above policies of the School Age Care Summer Camp Program.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please note: Families will receive a confirmation letter of enrollment. In the event the program is full at the time of your registration, you will receive notification and your check will be returned to you. A waiting list will be kept in the order in which the registrations are received.

Thank you for your registration for the  
Family Resource Center School Age Care Summer Camp Program.

For Office Use:
Date received _____
Check #: _____
Amount received _____

## 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:

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Medication(s) Prescribed:

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## State of Connecticut Department of Education Health Assessment Record



**To Parent or Guardian:**

In order to provide the best educational experience, school personnel must understand your child's health needs. This form requests information from you (Part 1) which will also be helpful to the health care provider when he or she completes the medical evaluation (Part 2) and the oral assessment (Part 3).

State law requires complete primary immunizations and a health assessment by a legally qualified practitioner of medicine, an advanced practice registered nurse or registered nurse, licensed pursuant to chapter 378, a physi-

cian assistant, licensed pursuant to chapter 370, a school medical advisor, or a legally qualified practitioner of medicine, an advanced practice registered nurse or a physician assistant stationed at any military base prior to school entrance in Connecticut (C.G.S. Secs. 10-204a and 10-206). An immunization update and additional health assessments are required in the 6th or 7th grade and in the 9th or 10th grade. Specific grade level will be determined by the local board of education. This form may also be used for health assessments required every year for students participating on sports teams.

*Please print*

Student Name (Last, First, Middle)	Birth Date	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address (Street, Town and ZIP code)		
Parent/Guardian Name (Last, First, Middle)	Home Phone	Cell Phone
School/Grade	Race/Ethnicity	<input type="checkbox"/> Black, not of Hispanic origin
Primary Care Provider	<input type="checkbox"/> American Indian/ Alaskan Native	<input type="checkbox"/> White, not of Hispanic origin
	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Asian/Pacific Islander
		<input type="checkbox"/> Other
Health Insurance Company/Number* or Medicaid/Number*		
Does your child have health insurance? Y N		If your child does not have health insurance, call 1-877-CT-HUSKY
Does your child have dental insurance? Y N		

\* If applicable

### Part 1 — To be completed by parent/guardian.

**Please answer these health history questions about your child before the physical examination.**

Please circle Y if "yes" or N if "no." Explain all "yes" answers in the space provided below.

Any health concerns	Y	N	Hospitalization or Emergency Room visit	Y	N	Concussion	Y	N
Allergies to food or bee stings	Y	N	Any broken bones or dislocations	Y	N	Fainting or blacking out	Y	N
Allergies to medication	Y	N	Any muscle or joint injuries	Y	N	Chest pain	Y	N
Any other allergies	Y	N	Any neck or back injuries	Y	N	Heart problems	Y	N
Any daily medications	Y	N	Problems running	Y	N	High blood pressure	Y	N
Any problems with vision	Y	N	"Mono" (past 1 year)	Y	N	Bleeding more than expected	Y	N
Uses contacts or glasses	Y	N	Has only 1 kidney or testicle	Y	N	Problems breathing or coughing	Y	N
Any problems hearing	Y	N	Excessive weight gain/loss	Y	N	Any smoking	Y	N
Any problems with speech	Y	N	Dental braces, caps, or bridges	Y	N	Asthma treatment (past 3 years)	Y	N
<b>Family History</b>						Seizure treatment (past 2 years)		
Any relative ever have a sudden unexplained death (less than 50 years old)			Y N			Diabetes		
Any immediate family members have high cholesterol			Y N			ADHD/ADD		

Please explain all "yes" answers here. For illnesses/injuries/etc., include the year and/or your child's age at the time.

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Is there anything you want to discuss with the school nurse? Y N If yes, explain:

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Please list any medications your child will need to take in school:

*All medications taken in school require a separate Medication Authorization Form signed by a health care provider and parent/guardian.*

I give permission for release and exchange of information on this form between the school nurse and health care provider for confidential use in meeting my child's health and educational needs in school.	Date
Signature of Parent/Guardian	

## Part 2 — Medical Evaluation

HAR-3 REV. 7/2018

### Health Care Provider must complete and sign the medical evaluation and physical examination

Student Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Date of Exam \_\_\_\_\_

I have reviewed the health history information provided in Part 1 of this form

### Physical Exam

Note: \*Mandated Screening/Test to be completed by provider under Connecticut State Law

\*Height \_\_\_\_\_ in. / \_\_\_\_\_% \*Weight \_\_\_\_\_ lbs. / \_\_\_\_\_% BMI \_\_\_\_\_ / \_\_\_\_\_% Pulse \_\_\_\_\_ \*Blood Pressure \_\_\_\_\_ / \_\_\_\_\_

	Normal	Describe Abnormal	Ortho	Normal	Describe Abnormal
Neurologic			Neck		
HEENT			Shoulders		
*Gross Dental			Arms/Hands		
Lymphatic			Hips		
Heart			Knees		
Lungs			Feet/Ankles		
Abdomen			*Postural <input type="checkbox"/> No spinal abnormality <input type="checkbox"/> Spine abnormality: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Marked <input type="checkbox"/> Referral made		
Genitalia/ hernia					
Skin					

### Screenings

*Vision Screening	*Auditory Screening	History of Lead level ≥ 5µg/dL <input type="checkbox"/> No <input type="checkbox"/> Yes	Date
Type: <span style="margin-left: 20px;">Right</span> <span style="margin-left: 20px;">Left</span>	Type: <span style="margin-left: 20px;">Right</span> <span style="margin-left: 20px;">Left</span>		
With glasses <span style="margin-left: 20px;">20/</span> <span style="margin-left: 20px;">20/</span>	<input type="checkbox"/> Pass <input type="checkbox"/> Pass	*HCT/HGB:	
Without glasses <span style="margin-left: 20px;">20/</span> <span style="margin-left: 20px;">20/</span>	<input type="checkbox"/> Fail <input type="checkbox"/> Fail	*Speech (school entry only)	
<input type="checkbox"/> Referral made	<input type="checkbox"/> Referral made	Other:	

TB: High-risk group?  No  Yes PPD date read: \_\_\_\_\_ Results: \_\_\_\_\_ Treatment: \_\_\_\_\_

### \*IMMUNIZATIONS

Up to Date or  Catch-up Schedule: **MUST HAVE IMMUNIZATION RECORD ATTACHED**

#### \*Chronic Disease Assessment:

**Asthma**  No  Yes:  Intermittent  Mild Persistent  Moderate Persistent  Severe Persistent  Exercise induced  
*If yes, please provide a copy of the Asthma Action Plan to School*

**Anaphylaxis**  No  Yes:  Food  Insects  Latex  Unknown source

**Allergies** *If yes, please provide a copy of the Emergency Allergy Plan to School*

History of Anaphylaxis  No  Yes Epi Pen required  No  Yes

**Diabetes**  No  Yes:  Type I  Type II **Other Chronic Disease:** \_\_\_\_\_

**Seizures**  No  Yes, type: \_\_\_\_\_

This student has a developmental, emotional, behavioral or psychiatric condition that may affect his or her educational experience.  
 Explain: \_\_\_\_\_

Daily Medications (specify): \_\_\_\_\_

This student may:  participate fully in the school program  
 participate in the school program with the following restriction/adaptation: \_\_\_\_\_

This student may:  participate fully in athletic activities and competitive sports  
 participate in athletic activities and competitive sports with the following restriction/adaptation: \_\_\_\_\_

Yes  No Based on this comprehensive health history and physical examination, this student has maintained his/her level of wellness.  
 Is this the student's medical home?  Yes  No  I would like to discuss information in this report with the school nurse.

Signature of health care provider MD / DO / APRN / PA	Date Signed	Printed/Stamped Provider Name and Phone Number
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**Part 3 – Oral Health Assessment/Screening**  
**Health Care Provider must complete and sign the oral health assessment.**

HAR-3 REV. 7/2018

To Parent(s) or Guardian(s):

State law requires that each local board of education request that an oral health assessment be conducted prior to public school enrollment, in either grade six or grade seven, and in either grade nine or grade ten (Public Act No. 18-168). The specific grade levels will be determined by the local board of education. The oral health assessment shall include a dental examination by a dentist or a visual screening and risk assessment for oral health conditions by a dental hygienist, or by a legally qualified practitioner of medicine, physician assistant or advanced practice registered nurse who has been trained in conducting an oral health assessment as part of a training program approved by the Commissioner of Public Health.

Student Name (Last, First, Middle)	Birth Date	Date of Exam
School	Grade	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address		
Parent/Guardian Name (Last, First, Middle)	Home Phone	Cell Phone

<b>Dental Examination</b> Completed by: <input type="checkbox"/> Dentist	<b>Visual Screening</b> Completed by: <input type="checkbox"/> MD/DO <input type="checkbox"/> APRN <input type="checkbox"/> PA <input type="checkbox"/> Dental Hygienist	<b>Normal</b> <input type="checkbox"/> Yes <input type="checkbox"/> Abnormal (Describe) _____ _____ _____ _____	<b>Referral Made:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Risk Assessment</b>	<b>Describe Risk Factors</b>		
<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> Dental or orthodontic appliance <input type="checkbox"/> Saliva <input type="checkbox"/> Gingival condition <input type="checkbox"/> Visible plaque <input type="checkbox"/> Tooth demineralization <input type="checkbox"/> Other _____	<input type="checkbox"/> Carious lesions <input type="checkbox"/> Restorations <input type="checkbox"/> Pain <input type="checkbox"/> Swelling <input type="checkbox"/> Trauma <input type="checkbox"/> Other _____	

Recommendation(s) by health care provider: \_\_\_\_\_

I give permission for release and exchange of information on this form between the school nurse and health care provider for confidential use in meeting my child's health and educational needs in school.

\_\_\_\_\_  
 Signature of Parent/Guardian Date

Signature of health care provider	DMD / DDS / MD / DO / APRN / PA / RDH	Date Signed	Printed/Stamped Provider Name and Phone Number
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Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ HAR-3 REV. 7/2018

## Immunization Record

**To the Health Care Provider: Please complete and initial below.**

Vaccine (Month/Day/Year) Note: \*Minimum requirements prior to school enrollment. At subsequent exams, note booster shots only.

	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Dose 6
DTP/DTaP	*	*	*	*		
DT/Td						
Tdap	*				Required 7th-12th grade	
IPV/OPV	*	*	*			
MMR	*	*			Required K-12th grade	
Measles	*	*			Required K-12th grade	
Mumps	*	*			Required K-12th grade	
Rubella	*	*			Required K-12th grade	
HIB	*				PK and K (Students under age 5)	
Hep A	*	*			See below for specific grade requirement	
Hep B	*	*	*		Required PK-12th grade	
Varicella	*	*			Required K-12th grade	
PCV	*				PK and K (Students under age 5)	
Meningococcal	*				Required 7th-12th grade	
HPV						
Flu	*				PK students 24-59 months old – given annually	
Other						

Disease Hx \_\_\_\_\_  
of above \_\_\_\_\_ (Specify) \_\_\_\_\_ (Date) \_\_\_\_\_ (Confirmed by)  
Exemption: Religious \_\_\_\_\_ Medical: Permanent \_\_\_\_\_ Temporary \_\_\_\_\_ Date: \_\_\_\_\_  
Renew Date: \_\_\_\_\_

**Religious exemption documentation is required upon school enrollment and then renewed at 7th grade entry.  
Medical exemptions that are temporary in nature must be renewed annually.**

### Immunization Requirements for Newly Enrolled Students at Connecticut Schools (as of 8/1/17)

**KINDERGARTEN THROUGH GRADE 6**

- DTaP: At least 4 doses, with the final dose on or after the 4th birthday; students who start the series at age 7 or older only need a total of 3 doses of tetanus-diphtheria containing vaccine.
- Polio: At least 3 doses, with the final dose on or after the 4th birthday.
- MMR: 2 doses at least 28 days apart, with the 1st dose on or after the 1st birthday.
- Hib: 1 dose on or after the 1st birthday (children 5 years and older do not need proof of vaccination).
- Pneumococcal: 1 dose on or after the 1st birthday (children 5 years and older do not need proof of vaccination).
- Hep A: 2 doses given six months apart, with the 1st dose on or after the 1st birthday. See "HEPATITIS A VACCINE 2 DOSE REQUIREMENT PHASE-IN DATES" column at the right for more specific information on grade level and year required.
- Hep B: 3 doses, with the final dose on or after 24 weeks of age.
- Varicella: 2 doses, with the 1st dose on or after the 1st birthday or verification of disease.\*\*

**GRADES 7 THROUGH 12**

- Tdap/Td: 1 dose of Tdap required for students who completed their primary DTaP series; for students who start the series at age 7 or older a total of 3 doses of tetanus-diphtheria containing vaccines are required, one of which must be Tdap.
- Polio: At least 3 doses, with the final dose on or after the 4th birthday.
- MMR: 2 doses at least 28 days apart, with the 1st dose on or after the 1st birthday.
- Meningococcal: 1 dose
- Hep B: 3 doses, with the final dose on or after 24 weeks of age.
- Varicella: 2 doses, with the 1st dose on or after the 1st birthday or verification of disease.\*\*
- Hep A: 2 doses given six months apart, with the 1st dose on or after the 1st birthday. See "HEPATITIS A VACCINE 2 DOSE REQUIREMENT PHASE-IN DATES" column at the right for more specific information on grade level and year required.

**HEPATITIS A VACCINE 2 DOSE**

**REQUIREMENT PHASE-IN DATES**

- August 1, 2017: Pre-K through 5th grade
- August 1, 2018: Pre-K through 6th grade
- August 1, 2019: Pre-K through 7th grade
- August 1, 2020: Pre-K through 8th grade
- August 1, 2021: Pre-K through 9th grade
- August 1, 2022: Pre-K through 10th grade
- August 1, 2023: Pre-K through 11th grade
- August 1, 2024: Pre-K through 12th grade

\*\* Verification of disease: Confirmation in writing by an MD, PA, or APRN that the child has a previous history of disease, based on family or medical history.

Note: The Commissioner of Public Health may issue a temporary waiver to the schedule for active immunization for any vaccine if the National Centers for Disease Control and Prevention recognizes a nationwide shortage of supply for such vaccine.

Initial/Signature of health care provider MD / DO / APRN / PA	Date Signed	Printed/Stamped Provider Name and Phone Number
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# **Tolland Family Resource Center**

## **School Age Care Program 2023-2024**

Dear Families,

It is a pleasure to have you join us at the Tolland Family Resource Center School Age Care Program (FRC SAC). The FRC staff members are CPR and first aid trained as well as medication certified. The program provides before and after school care at both Birch Grove Primary School and Tolland Intermediate School for children in kindergarten through grade six. Families that have children at both schools may choose to have their children attend the Tolland Intermediate School site in the morning and the Birch Grove site in the afternoon. Site location is determined by bussing availability. Children in 6<sup>th</sup> grade will be bussed to Tolland Intermediate School.

### **Policies and Procedures**

**Registration is not complete until the FRC receives the completed forms, registration fee and security deposit. You may email your completed registration forms to [tollandfrc@tolland.k12.ct.us](mailto:tollandfrc@tolland.k12.ct.us).**

It is **especially important** for the FRC staff to know when your child will be absent from the School Age Care Program on a scheduled day. If you call or send a note to your child's teacher to report his/her absence or early dismissal from school, **you must also notify the Family Resource Center by phone or email.**

- a) Birch Grove Primary School site: 860-870-6750 x 5
- b) Tolland Intermediate School site: 860-870-6885 x 3
- c) Email: [tollandfrc@tolland.k12.ct.us](mailto:tollandfrc@tolland.k12.ct.us)

- \* The hours of the Before School Program are 7:00 a.m. until the start of the school day.
- \* The hours of the After School Program are from the end of the school day until 6:00 p.m. A late fee will be charged after 6:00 p.m.
- \* **Monthly charges will be placed on your account in the accounting software system on the 15<sup>th</sup> of each month for the following month. All monthly invoices will be emailed on the first of the month. Please notify us if your email address changes.**
- \* Tuition payments are due by the 1<sup>st</sup> of the month. A late fee of \$15.00 will be charged if paid after the 5<sup>th</sup> of the month.
- \* Parents may verify their email address with our online software payment program for the option of paying online by credit card, debit card or ACH. If you pay with a credit or debit card there will be a convenience fee charged to your account. Parents choosing to pay us directly by check should place the check in the payment box located at each site or mail it to the Family Resource Center, 247 Rhodes Road, Tolland. Please make checks payable to the **Tolland Board of Education.**
- \* The center will be open during in-service/conference days and mid-winter/spring breaks. Advance registration is required for non-school days. Registration will be accepted on a first come first serve basis. Additional fees will be charged for these days. We must have 15 children enrolled to open.
- \* The program closes for all public school holidays, the winter break in December, and any closings due to inclement weather.

- \* **Should your childcare needs change and you would like to add additional days you must complete a Change in Registration Form. (Found on the website) Approval will be based on enrollment. If you need to withdraw your child from the program or decrease the number of days your child attends, one-month notice is required. Please complete the Change in Registration Form.**
- \* If you have any questions, please email Carol Hiller, Tolland Family Resource Center Coordinator at [chiller@tolland.k12.ct.us](mailto:chiller@tolland.k12.ct.us) or Kim Evans, Tolland Family Resource Center Program Manager at [kevans@tolland.k12.ct.us](mailto:kevans@tolland.k12.ct.us).

**MONTHLY TUITION FEES**

**Before School Care**

<b>Days each week</b>	<b>Yearly rate</b>	<b>Rate per month</b>
5 Days	\$1950.00	\$195.00
4 Days	\$1550.00	\$155.00
3 Days	\$1170.00	\$117.00
2 Days	\$780.00	\$78.00

**After School Care**

<b>Days each week</b>	<b>Yearly rate</b>	<b>Rate per month</b>
5 Days	\$3030.00	\$303.00
4 Days	\$2430.00	\$243.00
3 Days	\$1830.00	\$183.00
2 Days	\$1240.00	\$124.00

**If your child attends on Early Release Days an additional \$10.00 will be added to your next invoice.**

**Registration Fee: \$50.00 per child/ \$75.00 per family.**

**Tuition Rates are based on the 10-month school year. The yearly tuition is divided into 10 equal monthly payments for the school year. \*Please note that these fees may be subject to an increase.**

All vacations, teacher in-service/ conference days, and early release days are additional and are not included in your monthly charge.

**Security Deposit:**

50% of your **last month's tuition** must be submitted with the registration as a security deposit.

**If you decide to remove your child prior to the start of the program, you need to withdraw by August 1 in order to receive a full refund of your security deposit. If this notice is not given, the deposit will be forfeited.**

**Sibling Discount:**

FRC offers a 5% sibling discount. The sibling discount does NOT apply if the family is receiving financial assistance.

**Late Pick-Up Fee:**

There is a \$1.00 charge per minute per child for late arriving parents. Three late pick-ups from the program may result in dismissal.

**Late Payment Fee:**

A \$15.00 charge will be assessed to your account if payment is not received by the 5th of the month.

**Return Check Fee:**

A \$20.00 charge will be assessed to your account for checks returned for nonsufficient funds, "NSF".

**Financial Assistance:**

Assistance with childcare fees may be available to qualifying families. Please contact Carol Hiller at [chiller@tolland.k12.ct.us](mailto:chiller@tolland.k12.ct.us) for more information.



**Tolland Family Resource Center**

**School Age Care Program Registration 2023-2024**

**Registrations must be submitted with the registration fee and security deposit to be complete.**

**CHILD/FAMILY INFORMATION: Please print clearly**

Child's Name:	D.O.B:	Age:
Gender:	Grade in Sept. 2023:	
Home Address:	Town:	State/Zip Code:
In case of emergency, which parent/guardian listed below should we contact first?		

Parent/Guardian Name:	Relationship to Child:	
Home Address:	Town:	State/Zip Code:
Home #:	Work #:	Cell #:
Employer:	Email Address:	

Parent/Guardian Name:	Relationship to Child:	
Home Address:	Town:	State/Zip Code:
Home #:	Work #:	Cell #:
Employer:	Email Address:	

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.

**It is your responsibility to let us know of changes in health, residency, billing, custody, & contact information.**

**SCHEDULE**

Parents: Please **circle** the class and days for which you are enrolling your child:

<b>Before School Care:</b> Mon. Tue. Wed. Thu. Fri.
---

<b>After School Care:</b> Mon. Tue. Wed. Thu. Fri.
--

<b>Site Attending:</b> Birch Grove <input type="checkbox"/> Tolland Intermediate School <input type="checkbox"/>
--

<b>Start date:</b> _____
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**EMERGENCY INFORMATION**

In case of emergency, and if the Tolland Family Resource Center staff **is unable to reach the parents/guardians**, the following individuals have permission to make decisions regarding the care of my child, including permission to pick up my child from the FRC in case of emergency or early dismissal from the FRC.

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**

<b>Ethnicity:</b> Not Hispanic or Latino <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/>
<b>Race:</b> (please 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"/> Hawaiian/Pacific Isl. <input type="checkbox"/> White <input type="checkbox"/>
With whom does the child <b>primarily</b> reside? Both <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Split Custody <input type="checkbox"/> Other <input type="checkbox"/>
<b>If other is selected for primary residence, please explain:</b>
Parent/Guardian Responsible for billing: Both <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other <input type="checkbox"/>
<b>If other selected for billing responsibility, please explain:</b>
<b>Languages</b> spoken at home:
Siblings Names & D.O.B.:

**HEALTH INFORMATION** – Check boxes where they apply and explain as necessary in the space provided below.

<b>Physical:</b> Vision <input type="checkbox"/>   Hearing <input type="checkbox"/>   Seizures <input type="checkbox"/>   Other <input type="checkbox"/>
<b>Premature Birth:</b> Yes <input type="checkbox"/>   No <input type="checkbox"/>
<b>Psychological:</b> ADD/ADHD <input type="checkbox"/>   Emotional <input type="checkbox"/>   Mental Illness <input type="checkbox"/>   Other <input type="checkbox"/>
<b>Allergies:</b> Foods <input type="checkbox"/>   Medications <input type="checkbox"/>   Seasonal <input type="checkbox"/>   Other <input type="checkbox"/>
<b>Other:</b> <input type="checkbox"/> Please specify:

**Additional Health Information** (Special circumstances, sun sensitivity, emotional sensitivity, etc.)

Is this child currently taking prescribed or over-the-counter medication? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are you covered by any hospitalization/medical care policy? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Please list a preferred hospital:		
Name of Insurance Company:		Phone #:
Address:	City:	State/Zip:
Policy Holder's Name:		Policy Number:
Physician:		Phone #:
Special Services: Special Education B-3 <input type="checkbox"/> 504 <input type="checkbox"/> IEP <input type="checkbox"/> 1:1 Aide <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/>		

Does your child have special needs that require a one-on-one aid? (Yes or No)  
 Enrollment may be delayed from the date of acceptance into the program to hire appropriate staff.

Does your child require medication while in the program? (Yes or No)  
 If your child does require medication, it must be provided in the original container to the attending staff and be accompanied by a completed Authorization of the Administration of Medication by your physician.

**Families enrolling children in School Age Care for the first time must provide the FRC with a copy of their child's health form and immunization record.**

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

**Carefully review the disclaimer and waiver provided on the next page.  
 Sign and date below.**

**Thank you for choosing the Tolland Family Resource Center.**

The preceding information is correct, and the child herein described has permission to engage in all activities and field trips except as noted by me. In the event I cannot be reached in an emergency, I hereby give permission to the director of the program or designee to secure emergency medical services, including transportation and a physician. I also give permission to the attending physician to order injection, anesthesia, or surgery for my child as named above. I hereby release the Tolland Family Resource Center and the Tolland Board of Education from any claim arising out of the doctor's/hospital's actions. All medical expenses shall be the parent's responsibility.

I have read the Tolland Family Resource Center Tuition Policies and agree to abide by those policies. I understand that in the event of continued past due payment, late pick up of my child, or for any other compelling cause, the Tolland Family Resource Center reserves the right to remove my child from the program. I understand that if the FRC program is terminated because enrollment is not sufficient or for any other reason given by the Tolland Board of Education, all money paid by me for the period after termination will be refunded to me.

\_\_\_ I do / \_\_\_ do not give permission for my child to be photographed for use by the FRC Programs (i.e., display boards, photo album, scrapbook) while attending the FRC SAC Program.

\_\_\_ I do / \_\_\_ do not give permission for my child to be photographed for use by the FRC marketing purposes such as the FRC web site, email, newsletter, and press releases to newspapers.

\_\_\_ I do / \_\_\_ do not give permission for my child to view G or PG movies occasionally.

\_\_\_ I do / \_\_\_ do not give permission for my child to apply sunscreen and insect repellent, as needed.

Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

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**Office Use Only**

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Date Received \_\_\_\_\_ Registration Fee Paid? Y N amount \_\_\_\_\_

---

Last Month's Tuition Paid? Y N amount \_\_\_\_\_

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Total Fee Paid: **Total** \_\_\_\_\_ Check # \_\_\_\_\_

# 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:

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Medication(s) Prescribed:

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Tolland Family Resource Center  
247 Rhodes Rd.  
Tolland, CT 06084

The Tolland Family Resource Center's goal is to offer programming to all families regardless of financial status. Those families of school age children that require financial assistance may be eligible for tuition discounts based on the family eligibility for free or reduced meal benefits. The free and reduced meal benefit application is submitted to the Director of Food & Nutrition Services for students that have access to the school lunch program. Your benefit information can be shared with FRC or other programs **only** with your written permission by submitting a "sharing of information" form directly to the food service office. Free and reduced-price meal applications can be found on the food services page of the Tolland Board of Education webpage, [http://www.tolland.k12.ct.us/departments\\_new/food\\_services/free\\_and\\_reduced\\_price\\_meals](http://www.tolland.k12.ct.us/departments_new/food_services/free_and_reduced_price_meals) or are available in your school office or by contacting Food & Nutrition Services at 860-870-6854.

Preschool and other families that do not have access to school lunch, may fill out the FRC Financial Assistance Form to determine eligibility.

Sincerely,

Carol Hiller  
FRC Coordinator

Thomas Swanson  
Principal/FRC Director



# EARN CASH FOR YOUR SCHOOL

LITTLE BY LITTLE WE CAN MAKE A BIG DIFFERENCE.

The Box Tops mobile app uses state-of-the-art technology to scan your store receipt, find participating products and instantly add Box Tops to your school's earnings online.

LOOK  
FOR THE  
LABEL:



## HERE'S HOW IT WORKS:



### BUY BOX TOPS PRODUCTS

You can find Box Tops on hundreds of products throughout the store.



### SCAN YOUR RECEIPT

Use the app to snap a photo of your receipt within 14 days of purchase.

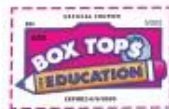


### EARN CASH FOR YOUR SCHOOL

Box Tops earnings are identified and automatically updated online.

## SHOPPING FOR GROCERIES ONLINE?

You can still earn Box Tops for your school with your e-receipt!  
See how at [BTFE.com/emailgroceryreceipts](https://www.btfef.com/emailgroceryreceipts)



## BOX TOPS CLIPS

You may occasionally find an old Box Tops clip on packages in stores. You can still clip them and send them to school, as long as each clip has a valid expiration date.

SEE PRODUCTS & LEARN MORE ABOUT  
THE BOX TOPS APP AT [BTFE.COM](https://www.btfef.com)

© General Mills

DON'T HAVE THE BOX TOPS  
APP YET? DOWNLOAD IT NOW:







*The End*

