

TIS Digital Backpack
March 27, 2023



Photo courtesy of M. Lachut

FROM THE PRINCIPAL'S OFFICE:



The HAWK Cafe is open for business!

After being closed down for nearly three years due to the pandemic, the T.I.S. HAWK Cafe is open again. Students receiving a HAWK card may enter a weekly raffle to eat lunch in the HAWK Cafe on a Thursday or Friday. The HAWK Cafe is

located on our stage in the cafeteria. The HAWK Cafe contains foosball tables and a TV, all donated by T.I.S. families.

We were forced to close the HAWK Cafe as a result of the need for more seating space in the cafeteria. The HAWK Cafe had been in use as a student reward since 2011. We are thrilled to see it open again.

Keepin It Real Day

Our first Keepin' It Real Day was held on March 17. Fifth grade students attended mini classes on a variety of topics relative to students their age. Students will soon complete a survey aimed at providing our counseling staff with input on the day. Student survey data will be used in planning for next year's Keepin It Real Day. Thanks to Mrs. Bishopric, Mr. Trane and Mrs. Merritt for all their work in putting this new fifth grade T.I.S. tradition together.

Career Day

Tolland Intermediate School will be hosting our first Career Day for Grade 5 students on March 31, 2023. Our vision is to introduce students to new careers and get them excited about their futures! Thank you to all of our volunteers who have agreed to participate in teaching students about their career.

Thank you PTO

Thanks to the PTO for funding a shipment of books for our book vending machine. Thanks to Mrs. Comeau, Mrs. Lester and Mrs. Silberberg for choosing books from a lengthy list of best selling children's books..



Mrs. Lester is shown filling our book vending machine with books

SBAC Testing

Tolland Intermediate School will be administering the SBAC test to students the week of May 8. More information regarding the SBAC will be sent next month.

TIS CALENDAR



MARCH

- 15 Early Dismissal**
- 15 TPS Curriculum Night at Birch Grove**
- 17 Grade 5 Keepin' It Real Day**
- 18-23 PowerSchool portal closed for grade input**
- 20-24 Bookfair**
- 24 Portal Opens to view grades**
- 31 CAREER DRESS UP DAY**

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.)

UPCOMING SPIRIT DAYS AT TIS

March 31	Career Dress Up Day
April 5	Superhero Day
April 28	Favorite Character Day (Disney, cartoons, book characters)
May 5	Tie Dye Day
May 26	Patriotic Day
June 2	Tourist/Sunglasses Day



Tolland Public Schools

51 Tolland Green, Tolland, Connecticut
06084

Tolland High School

Cynthia Davidson, BSN, RN
860-870-6838
FAX 860-870-6839

Tolland Middle School

Laura Dolocelli, BSN, RN
860-870-8868
Fax 860-371.2428

Tolland Intermediate School

Paula Feyerharm, MA, RN 860-870-6891
FAX 860-370.2602

Birch Grove Primary School

Olivia Fischer ADN, RN
860-870-8755 FAX 860-370.2603

To the Parents/Guardians of 5th grade girls,

March 21, 2023

The Tolland Intermediate School Nurses would like to notify you of upcoming scoliosis and postural abnormality screening for our 5th grade female students. Section 10-214 of the Connecticut General Statutes specifies that postural screening be completed for (1) each female student in grades five and seven, and (2) each male student in grade eight or nine.

"Scoliosis is a condition that causes the bones of the spine to twist or rotate so that instead of a straight line down the middle of the back, the spine looks more like the letter "C" or "S." Scoliosis curves most commonly occur in the upper and middle back (thoracic spine). They can also develop in the lower back, and occasionally, will occur in both the upper and lower parts of the spine. There are several different types of scoliosis that affect children and adolescents. Scoliosis is rarely painful—small curves often go unnoticed by children and their parents, and are first detected during a school screening or at a regular check-up with the pediatrician" (The Pediatric Orthopaedic Society of North America and the Scoliosis Research Society, 2015).

The purpose of the screening is to detect early signs of postural abnormalities so that a referral can be made to initiate treatment to prevent, if possible, the discomfort and complications that can arise from these abnormalities, and ,if possible, prevent the need for future surgery.

Screening will be conducted privately, and will only take a few minutes. The screening requires we examine the students' back; therefore girls are encouraged to wear a bra, camisole, or a bathing suit top with thin strap. If this is not an item worn daily, please encourage your daughter to keep one in her bag to wear for her comfort the day of the screening.

Should you need further information or if you have any questions please feel free to reach out to me via email pfeyerham@tolland.k12.ct.us or contact one of the nurses at 860.870.6891 xt 2.

School screenings are scheduled for: **April 17-April 28th, 2023**

Thank you, Paula Feyerharm, RN



Tolland Public Schools

51 Tollard Green, Tollard, Connecticut
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Birch Grove Primary School

Olivia Fischer ADN, RN
860-870-8755 FAX 860-370.2803

Return this completed form **ONLY IF YOU ARE REQUESTING AN EXEMPTION**

You do not need to return this form if you child had her physical exam this school year and you turned it in. Nursing will review to make sure postural screening was addressed by their provider and will not screen again

Student Name: _____

Homeroom Teacher:

- Biddle
- Catlin
- Dalrymple
- Dempsey
- Storozuk
- Yaglowski
- Zangerl

I do not want my daughter to be screened for scoliosis. I will have my child evaluated by their healthcare provider.

Parent/Guardian Signature: _____ Date: _____

Printed Name parent/guardian: _____

March Thoughts from the Reading Department at TIS

Reading is a skill that needs lots of practice. Please have your child make this a daily activity.

6 Tips for Helping Your Child Improve Reading Comprehension

By [Ginny Osewalt](#)

Good readers are [active readers](#). When your child has a hard time understanding what he/she reads, instruction can help. Here are some strategies to try.

1 - Make connections.

Connecting what your child already knows while she reads sharpens her focus and deepens understanding. Show her how to make connections by sharing your own connections as you read aloud. Maybe the book mentions places you've been together on vacation. Talk about your memories of those places. Invite your child to have a turn. Remind your child that good readers make all kinds of connections as they read.

2 – Ask questions.

Asking questions will make your child want to look for clues in the text. Pose questions that will spark your child's curiosity as you read aloud. Frequently ask her, "What are you wondering?" Jot down those "wonderings" and then see how they turn out. Remind your child that good readers challenge what they're reading by asking questions.

3 - Create "mind movies."

Creating visual images brings the text alive. These "mind movies" make the story more memorable. You can help your child do this by reading aloud and describing the pictures you're seeing in your own imagination. [Use all five senses](#) and emotions. Invite your child to share her "mind movies." Notice how they're different from yours. You might even ask your child to draw what's in her imagination.

4 - Make inferences.

We "infer" by combining what we already know with clues from a story. For example, when we read, "Her eyes were red and her nose was runny," we can infer that she has a cold or allergies. You can help your child with this reading skill by predicting what might happen in the story as you read aloud. Then invite your child to do the same.

5 - Figure out what's important.

Determining what's important is central to reading. When you read a story with your child, you might download a "story element" organizer. You can use it to keep track of the main characters, where the story is taking place, and the problem and solution of the story. Nonfiction texts look different from fiction. They're organized with features like the table of contents, headings, bold print, photos and the index.

6 - Monitor comprehension.

Readers who monitor their own reading use strategies to help them when they don't understand something. Teach your child how to "click and clunk." Read together and ask her to hold up one finger when the reading is making sense (click) and two fingers when meaning breaks down (clunk). To repair the "clunks," use these "fix-up" strategies:

- Re-read.
- Read on—now does it make sense?
- Read out loud.
- Read more slowly.
- Look at illustrations.
- Identify confusing words.

Happy Reading

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 – 8th

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.



ITEMS FROM LAST WEEK'S DIGITAL BACKPACK:

Tolland Family Resource Center

April Break School Age Care

2023 Registration Form

Tolland Intermediate School - Room 227B

Dear Parent,

The Tolland Family Resource Center's School Age Care Program will be open for April Break. The program runs Monday, April 10 - Friday, April 14 at **Tolland Intermediate School** room 227B. Please register your child(ren) to attend the FRC School Age Care Program during April Spring Break by **Friday, March 31, 2023**.

The hours are 7:00 AM-6:00 PM. However, if ten or fewer children are registered, the program will close at 4:00 PM. If six or fewer children are registered, the program will be cancelled, and fees will be refunded. **REGISTRATION IS LIMITED! REGISTRATION IS ON A FIRST COME, FIRST SERVED BASIS.**

Completed registration with payment and a completed Health Assessment Record are due by Friday, March 31, 2023. Please make checks payable to the **Tolland Board of Education**. Forms can be dropped off at either Birch Grove or TIS in an envelope marked FRC or emailed to tollandfrc@tolland.k12.ct.us.

No refunds for withdrawals will be given after April 5, 2023.

FRC advertises any weather-related closings on WFSB Channel 3 only.

Children need to bring their own lunch, morning and afternoon snacks, and beverages in a self-cooled container. No microwave or refrigerator is available. Water is available for children throughout the day.

**Please check the days your child will attend.
Each day previews a different Summer 2023 Camp Hawk theme.**

The fee is \$50.00 per day.

<input type="checkbox"/> Monday 4/10 "Rockin' in the USA"
<input type="checkbox"/> Tuesday 4/11 "Science Fun"
<input type="checkbox"/> Wednesday 4/12 "Surf & Sun"
<input type="checkbox"/> Thursday 4/13 "Around the World"
<input type="checkbox"/> Friday 4/14 "Dinosaur Days"

CHILD INFORMATION: Please print clearly.

Child's Name:	D.O.B:	
Current Grade:	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"/>		

FAMILY INFORMATION: Please print clearly.

Parent/Guardian Name: Child:	Gender:	Relationship to
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?

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 **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

In addition to the emergency contacts listed above, 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 requires Photo Identification before releasing my child.

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

CHILD PICK UP AUTHORIZATION cont.

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 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 program 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 (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"/>
Does your child receive any of the following services?
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.)

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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 my permission for my child to participate in walking field trips to Crandall's Park, Tolland Library, Tolland Green, and other locations within walking distance of Tolland Intermediate School.

___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 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.)

Signature _____ Date Signed _____

For Office Use:
Date received _____
Check # _____

Please complete the following permission slip.

Walking Field Trip

I give my permission for my child to participate in walking field trips to Crandall's Park, Tolland Library, Tolland Green, and other locations within walking distance of Tolland Intermediate School.

Child's name _____

Parent's signature _____

Please list two emergency contacts that can be reached during the time of the trip.
Emergency Contact:

1. Name _____ Day time phone # _____

2. Name _____ Day time phone # _____



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.

Inclement 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**

Week 1 (June 19*-23) "Hello Summer" Field Trip Friday - Sonny's Place	Week 6 (July 24-28) "Dinosaur Days" Field Trip Friday - Dinosaur State Park
Week 2 (June 26-30) "Surf & Sun"	Week 7 (July 31-August 4) "To Infinity & Beyond"

Field Trip Friday - Hammonasset	Field Trip Friday - Ecotarium
Week 3 (July 3-July 7, closed Tuesday, 7/4) "Rockin' in the USA" Field Trip Friday - Hike a Tolland Trail	Week 8 (August 7-11) "Around the World" Field Trip Friday - Storyteller
Week 4 (July 10-14) "Anything Goes" Field trip Wednesday - Mr. Gym	Week 9 (August 14-18) "Animal Kingdom" Field Trip Friday - The Children's Museum
Week 5 (July 17-21) "Science Fun" Field Trip Friday - Mad Science	Week 10 (August 21-25) "Goodbye Summer" Field Trip Friday - Spare Time Bowling

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

**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:
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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?

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 primarily 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:

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

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 5th 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 polices. The handbook will be available on our website (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:

Medication(s) Prescribed:



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
Family History				Seizure treatment (past 2 years)	Y N
Any relative ever have a sudden unexplained death (less than 50 years old)			Y N	Diabetes	Y N
Any immediate family members have high cholesterol			Y N	ADHD/ADD	Y N

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

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

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: Right Left	Type: Right Left		
With glasses 20/ 20/	<input type="checkbox"/> Pass <input type="checkbox"/> Pass	*HCT/HGB:	
Without glasses 20/ 20/	<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

Dental Examination Completed by: <input type="checkbox"/> Dentist	Visual Screening Completed by: <input type="checkbox"/> MD/DO <input type="checkbox"/> APRN <input type="checkbox"/> PA <input type="checkbox"/> Dental Hygienist	Normal <input type="checkbox"/> Yes <input type="checkbox"/> Abnormal (Describe) _____ _____ _____ _____	Referral Made: <input type="checkbox"/> Yes <input type="checkbox"/> No
Risk Assessment	Describe Risk Factors		
<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 6th 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.

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

- * 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 15th 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 1st of the month. A late fee of \$15.00 will be charged if paid after the 5th 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 or Kim Evans, Tolland Family Resource Center Program Manager at kevans@tolland.k12.ct.us.

MONTHLY TUITION FEES

Before School Care

Days each week	Yearly rate	Rate per month
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

Days each week	Yearly rate	Rate per month
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 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:

Before School Care: Mon. Tue. Wed. Thu. Fri.

After School Care: Mon. Tue. Wed. Thu. Fri.
--

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

Start date: _____

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

Ethnicity: Not Hispanic or Latino <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/>
Race: (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 primarily reside? Both <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Split Custody <input type="checkbox"/> Other <input type="checkbox"/>
If other is selected for primary residence, please explain:
Parent/Guardian Responsible for billing: Both <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other <input type="checkbox"/>
If other selected for billing responsibility, please explain:
Languages spoken at home:

Siblings Names & D.O.B.:

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

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

Office Use Only

Date Received _____ Registration Fee Paid? Y N amount _____

Last Month's Tuition Paid? Y N amount _____

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:

Medication(s) Prescribed:

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 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.btfec.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.btfec.com)

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





The End

