

TIS Digital Backpack
May 17, 2023



Photo courtesy of M. Lachut

FROM THE PRINCIPAL'S OFFICE:

Third and Fourth Grade SBAC Testing Complete

Our students worked hard throughout the entire testing week. Each morning prior to testing, we stressed to students the importance of taking their time and using scrap paper to assist them in solving problems both in math and ELA. Prior to the start of testing, each student received a TIS HAWK Passport. SBAC testing is complete for the vast majority of students. Fifth grade students will complete their testing on Monday, taking the Next Generation Science Standards test. Over the coming weeks, make-up tests will be administered to any student absent during testing.

Fifth Grade Promotion Ceremony



We would like to take this opportunity to invite you to the Tolland Intermediate School Fifth Grade Promotion Ceremony. The ceremony will be on the last day of school, June 15, at 9:30 a.m. in our gymnasium. The promotion ceremony will be an opportunity to celebrate the children's completion of the elementary school chapter in their lives. Due to space constraints, we ask that no more than two people per family attend the ceremony.

Staff Appreciation

In honor of National Nurses Day, Teacher Appreciation Day, National Paraprofessional Day and Administrative Assistant's Day Tolland Public Schools treated the staff in each building to a delicious breakfast consisting of muffins and pastry. AT TIS we are truly fortunate to be staffed by an amazingly dedicated group of professionals. The staff of TIS truly put the needs of their students above all else. Thanks for all you do. We appreciate you!

Dear Fifth Grade Families,

In just a few short months, your child will be getting ready to leave Tolland Intermediate School and continue their educational adventures as a middle schooler. As a culminating elementary school experience, we typically hold a Tolland Intermediate School Fifth Grade Promotion Ceremony. During the ceremony we present a slideshow to our fifth graders. The slideshow consists of student baby pictures, as well as candid photographs of the fifth graders.

In order to create the slideshow, we will need your help in supplying us with a picture of your child. Please submit a baby picture of your child to Mrs. Lachut, T.I.S. Secretary, by completing [THIS FORM](#) or by scanning the QR code below.

Should you have a problem submitting the photo through the form, please email - mlachut@tolland.k12.ct.us. Your child's name and teacher's name should be included **in the subject line** of the e-mail you send to Mrs. Lachut.

We will use your return email and/or photos submission as permission to include your child's baby picture in our Tolland Intermediate School Promotion Student Video. The slideshow will be shared with fifth grade families at the conclusion of the year.

Thank you.



Direct link to the submission form: <https://forms.gle/ehApbmyLm3DZSywh9>

TIS CALENDAR



MAY

- 9 Grade 4 Band Concert, 7 p.m. at TIS (see flyer)
- 18&19 Grade 5 Tours of TMS
- 18 Grade 3 Tolland Green Day
- 25 Rain date: Tolland Green Day
- 25 TMS will hold an incoming 6th grade student
Parent orientation night (more info in May)

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.)

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## JUNE

- 2 Grade 5 Handprints
- 8 Grade 3 to Old Sturbridge Village
- 9 Hawk Community Day (formerly Field Day)
- 12 Rain Date: Hawk Community Day
- 13 Grade 5 Fun Day & Laser Assembly
- 14 Grade 5 Fun Day Rain Date
- 15 Grade 5 Promotion Ceremony

## Summer Thoughts from the T.I.S. Reading Department

Summer Break is quickly approaching! Our young readers have worked hard all year to learn new skills and become stronger readers, spellers and writers. Summer offers an excellent opportunity to strengthen those skills, and now more than ever it's a great time to take advantage AND...

### Set the Stage for Summer Reading!

The "summer slide" is an all-too-common frustration for teachers and parents. Students who don't read during the summer are likely to lose crucial ground for the years ahead.

Help prevent your child from the "summer slide" and provide them with opportunities to strengthen skills during the break from school. Here are some suggestions.

- **Have your child read 20+ minutes each day.** – Research proves that reading just 20 minutes each day outside of school can increase a student's vocabulary by almost 2 million words!
- **Set a good example.** - When your child sees you reading and enjoying a book, magazine or newspaper, you are sending a message that reading is an important and valuable activity.
- **Read with your child.** - Introduce a variety of book genres and writing styles.
- **Read for different purposes.** - Reading a recipe or directions for assembling a toy are fun ways of incorporating reading into everyday activities.
- **Make reading and writing a regular part of your daily home activities.** - If reading isn't one of your child's top priorities, consider setting up an incentive program to help them stay motivated.
- **Talk to your child about what he or she is reading.** - Ask open-ended questions such as, "what do you think about that story?" or, "What would you have done if you were that character?" to encourage meaningful discussions.
- **Visit Tolland Public Library:** [Library | Town of Tolland CT](#) or [Tolland Public Library | Facebook](#) and participate in their fun summer activities. Their Summer Reading Program is typically connected to Connecticut's **Governor's Summer Reading Challenge** (information has not been released yet on either program)
- **Play word games.** - Play games such as thinking of different words to describe the same things.
- **Set limits for screen time.** - Reducing screen time creates opportunities for reading.



TOLLAND ELEMENTARY PTO  
**SPRING SOCIAL**



MAY 19TH, 2023  
5 PM-8 PM

BIRCH GROVE PRIMARY SCHOOL



TEPTO will be hosting a **Spring Social** On May 19th at Birch Grove Primary School! This family friendly event will have something for everyone! Enjoy an evening of ice cream (served by school staff), last minute tickets for the TEPTO Spring Basket Extravaganza, the Scholastic Book Fair and view the Birch Grove Art Show!

Ice Cream Sundaes are \$5 each

\*non-dairy alternatives available\*

**NON-DAIRY REQUESTS MUST BE RECEIVED BY MAY 12th**



For more information, contact:  
Becky Moore: [rlmoore313@gmail.com](mailto:rlmoore313@gmail.com)



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**TEPTO Spring Social Sundae Order Form - May 19th**

Student Name: \_\_\_\_\_

Teacher Name/Grade: \_\_\_\_\_

Circle Time Slot:            5:00pm            6:15pm

Number of Sundaes: \_\_\_\_\_

Number of NON-DAIRY Sundaes: \_\_\_\_\_



***Please send in a check for \$5 per sundae made out to TEPTO with this slip***

Interested in volunteering?

Name/E-Mail: \_\_\_\_\_

Circle Job Preference:    Set-Up (4:00)    Scooping (5 or 6:15)    Clean Up (7:30)

| Class | Teacher     | BASKET # | Basket Theme                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|-------|-------------|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PreK  | Beaton      | 1        | Sonny's Place Gift Card                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Pre K | Murdzek     | 2        | "Summer Fun"<br>Multiple bubbles and bubble machine, Multiple chalk and spray chalk sets, 2 stem solar robot kits, Mini golf set, Frisbee, bug net, jump rope, etc., large plastic basket, 3 large Beanie Boo Squishes, Bean Bag Toss                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Pre K | Dupont      | 3        | "Gardening"<br>Seeds, Children's Garden Tools, Garden Gloves, Garden Stepping Stones, Gardening Activity Book, "My First Root Viewer" activity set, Gift Card to Garden Barn                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| K     | Boucher     | 4        | "Arts and Crafts"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| K     | Dore        | 5        | "Lego Love"<br>LEGO Creator 3in1 White Rabbit Animal Toy Building Set, Bunny to Seal and Parrot Figures, for Kids Ages 8 Plus Years Old, LEGO Brick-Headz Star Wars The Mandalorian & The Child, LEGO Technic Monster Jam Megalodon 2 in 1 Pull Back Shark Truck to Lucra Low Racer Car Toy, 2022 Series, Set for Kids, Boys and Girls 7 Plus Years Old, LEGO DUPLO Marvel Spider-Man's House, Spidey and His Amazing Friends Buildable Toy for 2 Plus Years Old Toddlers, LEGO Technic Race Plane Toy to Jet Aeroplane 2 in 1 Stunt Model Building Set for Kids, Boys and Girls 7 Plus Years Old, LEGO Classic Creative Suitcase Building Kit (213 Pieces), Multicolor, LEGO Creator 3 in 1 Space Shuttle Toy to Astronaut Figure to Spaceship 31134, Building Toys for Kids, Boys, Girls Ages 6 and up, LEGO Technic Monster Jam Grave Digger 42118 Truck Toy to Off-Road Buggy, Birthday Gift for Monster Truck Fans, Kids, Boys and Girls 7 Plus Years Old, LEGO Marvel Hulk Mech Armor 76241, Avengers Action Figure Set, Collectable Super Hero Buildable Toys for Boys and Girls Ages 6 Plus, LEGO Technic Snow Groomer to Snowmobile, 2in1 Vehicle Model Set, Engineering Toys, Winter Construction Toy for Kids, Boys, Girls 7+ Years Old, LEGO Disney Princess Twirling Rapunzel, Buildable Toy with Diamond Dress Mini-Doll and Pascal The Chameleon Figure, LEGO Disney Princess Elsa and The Ice Stable Set, with Buildable Frozen Toy Horse Figure for Kids Age 4 Plus, LEGO Disney Mickey Mouse and Minnie Mouse's Camping Trip Building Toy with Camper Van, Car & Pluto Figure, for Kids 4 Plus Years Old, LEGO Minecraft The Bakery Building Toy Set for Kids, Girls, and Boys Ages 8+ (157 Pieces), LEGO City Great Vehicles Ice Cream Van Truck Toy, Set with Skater & Dog Figure, Toys for Kids, Boys and Girls Aged 5 Plus Years Old, LEGO City Farmers Market Van Building Toy Set for Kids, Boys, and Girls Ages 5+ Mobile Farm Shop Playset with 3 Minifigures (310 Pieces), LEGO Classic Medium Creative Brick Box Building Toy Set - Featuring Storage, Includes Train, Car, and a Tiger Figure, and Playset for Kids, Boys, and Girls Ages 4-99, LEGO Star Wars 501st Clone Troopers Battle Pack, Ages 6+ |
| K     | Hollenbach  | 6        | "Make Your Own Sundae"<br>\$30 gift certificate to Tollard American Creamery, set of 4 ice cream bowls, ice cream napkins, Ice Cream scoop, paper ice cream cups, decorative ice cream sippy cups, waffle bowls, cherries, sprinkles, nuts, cookie and Reese's topping candies, sauces: chocolate, caramel, and strawberry, marshmallow, Ice Cream Squishmallow plush, Ice Cream recipe book, In an antique basket with handle--great for picnics :)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| K     | Littell     | 7        | "Fun for the "HOLE" Family"- Customized Tollard Corn Hole Set<br>Customized Tollard Corn Hole boards, Official Corn Hole bags (red and blue), 10 oz. Navy Blue Yeti Rambler                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| K     | Mjos        | 8        | "Summer Adventures"<br>2 yeti Cups, Bug Spray, Portable Outdoor Chair, Camping Hammock, Collapsible folding outdoor utility wagon, Gift certificate for one night tent site at the Quarry Campground                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| K     | Modzelewski | 9        | "Night at the Movies"<br>Mansfield Drive In GC, 2 Camp chairs, cooler, cozy blankets and Snacks.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| K     | Moynihan    | 10       | "Family Fun Nights Out"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| K     | Womersley   | 11       | "Summer Fun"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |



|   |           |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|---|-----------|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|   |           |    | The basket - a cooler, A boogie board, A turtle ride on pool float, A kids beach towel, A pair of kids goggles, A bunch o balloons, six pack of water blasters, 5 color change reusable cups and, organic freeze pops                                                                                                                                                                                                                                                                                            |
| K | Zajac     | 12 | <b>"Just Add Ice Cream"</b><br>Gift Card to Dairy Bar, Ice Cream Bowls/Spoons, Ice Cream Scoop, Ice Cream Cones, Toppings: Hot Fudge, Caramel Sauce, Sprinkles, Marshmallows                                                                                                                                                                                                                                                                                                                                     |
| K | Gardiner  | 13 | <b>"Game night"</b><br>Pokemon umbrella, UNO, The Game of Life Junior, Monopoly Junior, Think Fun, Gravity Maze, Giant Bubble kit, Water Blaster set, LEGO City Penguin Slushy Van, Pokemon TCG                                                                                                                                                                                                                                                                                                                  |
| 1 | Boisvert  | 14 | <b>"A Day at the Beach"</b><br>Insulated Mega Tote, Reusable Ice Mats (7), Beach towels (2), Towel Clips, Water Misting Fan, Banana Boat Sunscreen SPF 30, Banana Boat Kids Sunscreen SPF 50, Banana Boat After Sun Gel w/Aloe, Inflatable Water Hammock Float, Water Blasters, 4-in-1 Paddle Ball Set, No Slip Grip Frisbee, Beach Bucket Set (17 pieces), Beach Ball, Bubble Sticks (6), Youth Goggles (3), Frito-Lay Classic Snack Mix (18 ct.), Color Changing Tumblers w/ Straws (6), Beach Sand Cupholders |
| 1 | Gonzalez  | 15 | <b>"Ice Cream Sundae"</b><br>Ice cream maker, mini waffle cone bowl maker, ice cream scoop, sugar cones, wafer cones, hot fudge, caramel, marshmallows, gummy bears, chocolate chips, M&Ms, Reese's Pieces, cherries, sprinkles, and a \$50 big y gift card to buy ingredients to make your own ice cream                                                                                                                                                                                                        |
| 1 | Kaufman   | 16 | <b>"Science and Nature"</b><br>\$125 GC to The Adventure Park of Storrs, Dr. Stem Toys Chemistry Bucket, Grow and Glow Terrarium, Meteorology Activity Book, Science Microscope Kit, Snowman Science, Outdoor Explorer 20-piece Kit, Periodic Table Flash Cards, Melissa and Doug Solar System Floor Puzzle, Solar System Flashcards, Solar System Planetarium, My First Book of Planets, The Cat and the Hat "There's No Place Like Space" Book                                                                 |
| 1 | Margelony | 17 | <b>"Davis Farmland and Adventure Play and Spray"</b><br>\$120 gift card (admission for a family of 4), Kids Backpack, Cooler backpack, Water bottle, Towel, Stuffed Animal, Sunscreen                                                                                                                                                                                                                                                                                                                            |
| 1 | Moynihan  | 18 | <b>"Game Night"</b><br>Hedbanz, Trouble, Hungry Hungry Hippos, Jenga, Pack of card games (Uno, Skip-Bo, Dos), Giant Checkers/Tic-tac-toe, Pictionary Air Kids vs. Grownups, Lawn Darts Game - Glow in the dark, Snacks for game night                                                                                                                                                                                                                                                                            |
| 1 | VanHorn   | 19 | <b>"Family Game Night"</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 1 | Young     | 20 | <b>"Summer Fun"</b><br>Ice Cream Gift Card, Wiffle Ball Sets, Beach Towel, Beach Ball, Badminton Set, Flying Disc<br>Misting Fan, Bunch-o Balloons, Ball, Fruit Squishy Mochi, Sponge Balls, Pom Pom Jump Rope<br>Wingblade Frisbee, Spinning Sprinkler, Bubbles Assortment, Chalk, Light up Rockets                                                                                                                                                                                                             |

|   |            |    |                                                                                                                                                                                                                                                                                                                                                                                              |
|---|------------|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2 | Bardos     | 21 | "Backyard BBQ"<br>Char-Broil Portable Liquid Propane Gas Grill, BBQ Grilling Utensils, Grill Utensil Caddy                                                                                                                                                                                                                                                                                   |
| 2 | D'Agata    | 22 | "Music "<br>Apple Air pods, an Echo Dot, a Bluetooth speaker, a Bluetooth karaoke microphone, a ukulele , inflatable guitars                                                                                                                                                                                                                                                                 |
| 2 | Fournier   | 23 | "Pokemon"                                                                                                                                                                                                                                                                                                                                                                                    |
| 2 | Hayes      | 24 | Yard Goats Tickets<br>4 tickets to the June 25th game at 1:10, Yard Goats decal, lanyard, hat & 2 tumblers                                                                                                                                                                                                                                                                                   |
| 2 | Kelley     | 25 | "Summer Fun"<br>boogie board, jumbo flying disk, large pinwheel, 2 beach towels, wave bouncer, Bubble sticks, toss and stick game, water balloons, Pineapple sipper, Red, White and blue Swedish Fish, cheese balls, lemonade mix                                                                                                                                                            |
| 2 | Semrow     | 26 | Apple Watch<br>*Apple Watch SE GPS + Cellular, 40 mm, silver aluminum case                                                                                                                                                                                                                                                                                                                   |
| 2 | Skinner    | 27 | Nespresso Machine<br>White Nespresso Machine                                                                                                                                                                                                                                                                                                                                                 |
| 3 | Arner      | 28 | "All Star Sports"<br>Large plastic tub w/ handles to hold the contents, 6-in-1 Backyard Sports Game Set, Ladder ball, Baseball Launcher and trainer, Baseball bat and blitz baseballs, Fantasy flier 42" Dragon kite, Dock Demon Fishing Pole, 1 Black/Teal basketball, Wilson Multicolored Beach Volleyball, Jump Rope, Arena Spider 'Junior' Swim goggles, Lazer glow-in-the-dark football |
| 3 | Babiec     | 29 | "Summer Fun"<br>Cooler, 100\$ Sonny's Gift Card, \$25 Kloter Farms Ice Cream Gift Card, Beach Towels, Sunblock, Yard Game, Water Balloons                                                                                                                                                                                                                                                    |
| 3 | Dudas      | 30 | Sonny's Place Gift Card                                                                                                                                                                                                                                                                                                                                                                      |
| 3 | Fitzgerald | 31 | "I scream, you scream, we all scream for ice cream!"<br>A gift card for ice cream (UConn dairy bar), Plastic reusable Serving dishes for toppings, Gummy bears, Chocolate sauce, Caramel sauce, Plastic reusable Cups and spoons for sundaes, M&Ms , Mini peanut butter cups, Cones                                                                                                          |
| 3 | LeBlanc    | 32 | "Pool Party"<br>Inflatable volleyball set, Nerf super soaker Inflatable tubes, goggles (3 child & 3 adult), 6 pack bubble wands, 4 beach towels, 2 water guns, 2 foam water sprayers, 1 pack dive rings, 1 pack dive toys, 2 water skip balls, foam gripped volleyball, water balloons, 4 pack plastic color changing cups with straws and lids                                              |
| 3 | Stern      | 33 | "Night At the Drive In"- Outdoor Movie Projector and Screen<br>Projector with Wi-Fi and Bluetooth, 16 ft Inflatable Movie Screen, Projector Stand                                                                                                                                                                                                                                            |



|   |           |    |                                                                                                                                                                                                                                                             |
|---|-----------|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3 | Williams  | 34 | "Family Game Night"                                                                                                                                                                                                                                         |
| 3 | Zevallos  | 35 | "Kitchen's Closed" Local Restaurant Gift Cards                                                                                                                                                                                                              |
| 4 | Bockus    | 36 | Apple AirPods<br>Air Pods and \$50 Apple Gift Card                                                                                                                                                                                                          |
| 4 | Hurley    | 37 | Nintendo Switch                                                                                                                                                                                                                                             |
| 4 | Jensen    | 38 | "Car Wash"                                                                                                                                                                                                                                                  |
| 4 | Leser     | 39 | "Squishmallows and More"<br>6 Squishmallows, one is very large, two Squishmallow backpacks, four large Beanie Boo Squishes, two Squish keychains.                                                                                                           |
| 4 | Slayton   | 40 | "Music Fun"<br>JBL Flip 6 Portable Waterproof Speaker, 16 Hexagon LED Wall Lights- Music Sync                                                                                                                                                               |
| 4 | Wunsch    | 41 | Apple iPad (10.2"), iPad case, and headphones                                                                                                                                                                                                               |
| 5 | Biddle    | 42 | "Slime Time!"<br>Large gold glitter slime, large neon blue slime, Large clear slime, Mix & Twist Super Slime Kit, Play Doh Variety Slime Pack, Sour Apple, Slimey Sand Kit                                                                                  |
| 5 | Catlin    | 43 | "Super Sports Fanatic"<br>Slammo Game Set, Badminton Set, Basketball, Football, Soccer ball, Baseballs, Softballs, Rubber Field Bases, Portable Pump Kit, Nerf Football, Ultimate Skip Balls, \$25 Dicks Gift Card                                          |
| 5 | Dalrymple | 44 | "I Heart Art"<br>2 pack 11x14 Canvas, 3 pack Mixed Square Canvas, 10 Piece Painting Set with Palette, 3-in-1 Mixed Media Notebook, 30 Acrylic Paints set, 48 Polymer Clays set, 48 Oil Pastels set, 70 Colored Pencils set, 12 Calligraphy & Brush Pens set |
| 5 | Dempsey   | 45 | Electric Scooter and Helmet                                                                                                                                                                                                                                 |
| 5 | Storozuk  | 46 | Meta Quest 2 VR Headset and Games                                                                                                                                                                                                                           |
| 5 | Yaglowski | 47 | "Beach Day!"<br>4 beach towels, 2- 5 in 1 koozies, Bluetooth speaker, 4- pairs of goggles, 1-sloth float, ice pops, and more...                                                                                                                             |
| 5 | Zangerl   | 48 | Kindle/tablet<br>Kindle Paperwhite and a \$25 Amazon gift card                                                                                                                                                                                              |

# **ITEMS FROM LAST WEEK'S DB:**

## **UPCOMING SPIRIT DAYS AT TIS**

|                 |                                                                   |
|-----------------|-------------------------------------------------------------------|
| <b>April 28</b> | <b>Favorite Character Day (Disney, cartoons, book characters)</b> |
| <b>May 5</b>    | <b>Tie Dye Day</b>                                                |
| <b>May 26</b>   | <b>Patriotic Day</b>                                              |
| <b>June 2</b>   | <b>Tourist/Sunglasses Day</b>                                     |

# HELP!



*We have racks and boxes (and boxes and racks!) of lost and found items from this school year. If you think your child may be missing a coat, hat, snow pants, gloves, water bottle or lunchbox, please come into school to look at our Lost and Found collection.*



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 UNTIL MAY 31, 2023

**SAVE \$30**

WITH CODE **SIBLOVE30**

VALID UNTIL 2023

**SAVE \$40**

WITH CODE **SIBLOVE40**

VALID UNTIL 2023

## SECURE YOUR SPOT TODAY!

Register at [INVENT.ORG/CAMP](https://www.invent.org/camp) or 800-868-4332

**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 | \$285 (before discount)

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

District 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 nonprofit program of the National Inventors Hall of Fame.



National Inventors  
Hall of Fame®



**Inventors by Creativity and Invention**  
A key educational challenge program with  
Suzanne D. Morgan Foundation  
General Motors  
Hartman Corporation Foundation

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Invention Convention Hall of Fame, Inc.  
United Way of Southern New Jersey  
U.S. Department of Defense (DOD) STRM  
Delaware State Education Consortium (DESC)  
Wolman 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><br><b>“Hello Summer”</b><br><b>Field Trip Friday – Sonny’s Place</b>                                     | <b>Week 6 (July 24-28)</b><br><b>“Dinosaur Days”</b><br><b>Field Trip Friday – Dinosaur State Park</b>        |
| <b>Week 2 (June 26-30)</b><br><b>“Surf &amp; Sun”</b><br><b>Field Trip Friday - Hammonasset</b>                                      | <b>Week 7 (July 31-August 4)</b><br><b>“To Infinity &amp; Beyond”</b><br><b>Field Trip Friday - Ecotarium</b> |
| <b>Week 3 (July 3-July 7, closed Tuesday, 7/4)</b><br><b>“Rockin’ in the USA”</b><br><b>Field Trip Friday - Hike a Tolland Trail</b> | <b>Week 8 (August 7-11)</b><br><b>“Around the World”</b><br><b>Field Trip Friday - Storyteller</b>            |
| <b>Week 4 (July 10-14)</b><br><b>“Anything Goes”</b><br><b>Field trip Wednesday – Mr. Gym</b>                                        | <b>Week 9 (August 14-18)</b><br><b>“Animal Kingdom”</b><br><b>Field Trip Friday - The Children’s Museum</b>   |
| <b>Week 5 (July 17-21)</b><br><b>“Science Fun”</b><br><b>Field Trip Friday - Mad Science</b>                                         | <b>Week 10 (August 21-25)</b><br><b>“Goodbye Summer”</b><br><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"/><br>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"/><br>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"/><br>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 <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"/><br>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"/><br>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):

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

**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/<br>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.

---

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.

Signature of Parent/Guardian

Date

## 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:<br><input type="checkbox"/> Mild <input type="checkbox"/> Moderate<br><input type="checkbox"/> Marked <input type="checkbox"/> Referral made |        |                   |
| Genitalia/ hernia |        |                   |                                                                                                                                                                                                                                                   |        |                   |
| Skin              |        |                   |                                                                                                                                                                                                                                                   |        |                   |

### Screenings

| *Vision Screening                                                                                       | *Auditory Screening                                                                              | History of Lead level<br>≥ 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 |
|-------------------------------------------------------|-------------|------------------------------------------------|



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

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 |
|---------------------------------------------------------------|-------------|------------------------------------------------|

# **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><br>_____ |
|-----------------------------|

#### 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"/><br>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"/><br>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.)

|                      |
|----------------------|
| <br><br><br><br><br> |
|----------------------|

|                                                                                                                                    |
|------------------------------------------------------------------------------------------------------------------------------------|
| 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**

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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](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*

