TIS Digital Backpack
May 29, 2023

Photo courtesy of M. Lachut

FROM THE PRINCIPAL'S OFFICE:

Tolland Green Day

Third grade's annual Tolland Green Day was held on Thursday, May 19. Throughout the day, students experienced various aspects of Colonial life inTolland. Mrs. Baker provided students with a class on dances popular in Colonial times, Mrs. Ballard assisted students in the drawing of well-known Tolland Colonial homes.
Students visited historic buildings on the Tolland Green and learned about the buildings from members of the Tolland Historical Society. Thank you to the Mrs. Arner and the entire third grade team for organizing another successful day of learning about Colonial Tolland. Thanks to the Tolland Historical Society for working with our team to put together such a wonderful program together for our students. Lastly, thanks Officer Duda for ensuring that our students were able to safely cross Merrow Road throughout the day.

Fifth Grade Promotion Ceremony

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

Fifth Grade Handprints

Each year, exiting 5th grade students are provided with the opportunity to stamp their handprint on a hallway wall TIS. This year we will continue our tradition of having our departing fifth grade students leave their handprints on the wall of our school. During the hand printing, students dip their hand in paint and leave an impression on a designated wall in the building. More details will be provided in the coming days.

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

30 Bockus, Hurley, Wunsch to Springfield Museum, 9-1:30
31 Leser, Slayton, Jensen to Springfield Museum, 9-1:30

JUNE

2 Grade 5 Handprints
1 2nd Grade Tours (part 1)
5 2nd Grade Tours (part 2)
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
14 Grade 5 Fun Day Raindate
15 Grade 5 Promotion, 9:30 a.m.

Special calendar note:

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

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

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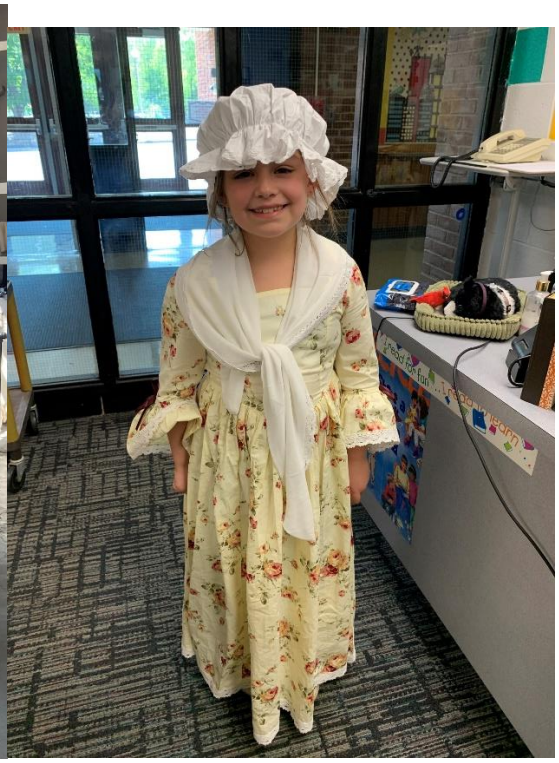
UPCOMING SPIRIT DAYS AT TIS

June 2 **Tourist/Sunglasses Day**
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~


OLD COUNTY JA
&
MUSEU
Tolland Historic


DUNCE




Hula-Hoops

News from the Math Interventionists

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

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

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

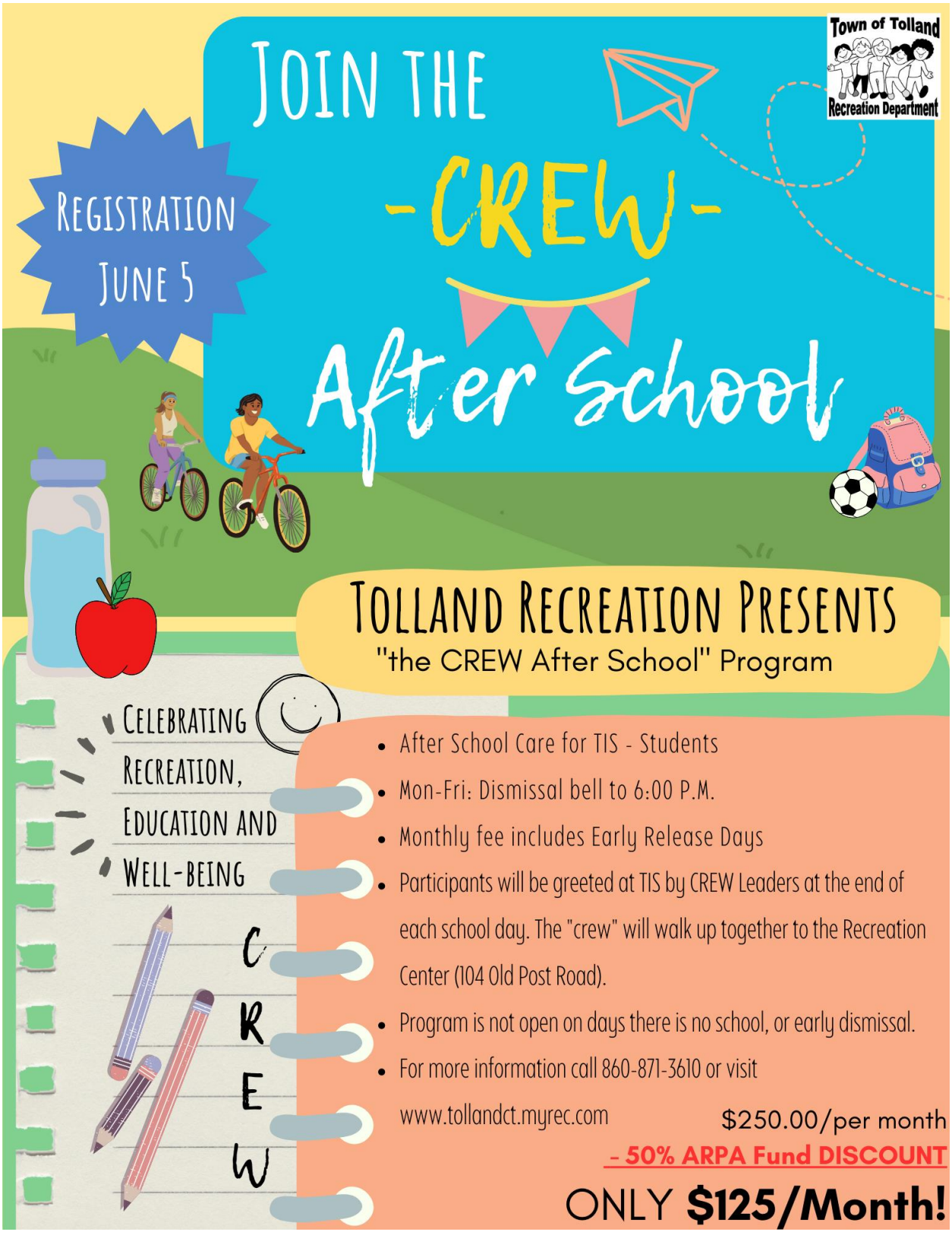
The fifth grade had a favorite fluency game as well. Products Four in a Row was a classic activity that everyone enjoyed. Mr. McCarthy started the year undefeated and was very proud of himself for that, but as the year went on the fifth graders defeated him quite a bit. They were more than happy to celebrate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

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

A reminder from the nurse:

Spring is a beautiful, and warm time of the year when students are wearing shorts and sandals. As a reminder, your student has outdoor recess every day, unless it is raining. There is also PE, and extra recesses are often scheduled. Please remember your student at TIS should be wearing appropriate footwear for play. Slides, tall sandals, flip flops, and other unsecure-type shoes are not the best choice for school. Please remind your student to wear tennis shoes or other secure footwear to school each day. Save the other shoes for weekends and the beach.

FROM LAST WEEK'S DIGITAL BACKPACK:



TOLLAND RECREATION

KAYAK LOANER PROGRAM

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

FREE

Tolland residents only

Available Monday-Thursday, June-October

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

For more information and how to make an appointment visit www.tollandct.myrec.com or call 860-871-3610

Tolland Locations

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

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

H E L P !

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**

SAVE $30 WITH CODE **SIBLOVE30**

SAVE $40 WITH CODE **SIBLOVE40**

SECURE YOUR SPOT TODAY!

Register at INVENT.ORG/CAMP or 800-968-4332

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 | (860) 870-6800

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

If these dates/times don't work for you, please visit 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®

uspto

Inventors in Creativity and Invention

CRANDALL'S SUMMER CAMP INFORMATION
Registration Starts April 3, 2023




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

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

Rainy days will be at the Tolland Recreation Center.

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

Participants are grouped by grade entering Fall 2023.

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

Maximum Enrollment: 60 participants per week

CRANDALL'S SUMMER CAMP SCHEDULE

Day: Monday – Friday Full day (8:00am-4:00pm)
Ages: Grades K – 8th
Date: Week 1: June 26 – June 30
Week 2: July 3 – July 7 (No July 4)
Week 3: July 10 - July 14
Week 4: July 17– July 21
Week 5: July 24 – July 28
Week 6: July 31 – August 4
Week 7: August 7– August 11

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

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

REGULAR DAY CAMP HOURS

Time: 8:00am - 4:00pm
(if you need extended hours you must also register for extended hours for each week)

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

50% Off Tolland Residents ONLY

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.

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

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

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

Camp Hawk
2023 Theme Weeks

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

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

Tolland Family Resource Center

Camp Hawk

2023 Registration Form

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

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

Child's Name:	D.O.B:	
Grade in September 2023:	Gender:	
Home Address:	Town:	State/Zip Code:
Ethnicity: not Hispanic or Latino ☐ Hispanic or Latino ☐		
Race (select one or more of the following): American Indian or Alaska Native☐ Asian ☐ Black or African American☐ Native Hawaiian or other Pacific Islander ☐ White ☐		

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

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

In case of emergency, which parent/guardian listed above should we contact first?

_____

Unless informed otherwise, the Tolland Family Resource Center assumes both parents listed above may pick up the child. If a parent may not pick up the child, legal documentation of that fact is required. **It is your responsibility to let us know of changes in residency, billing, custody, & contact information.**

EMERGENCY INFORMATION

If the Tolland Family Resource Center staff **are unable to reach the parents/guardians**, the following individuals have permission to make decisions regarding the care of my child, including permission to pick up my child from the FRC in case of emergency.

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

CHILD PICK UP AUTHORIZATION

I give permission for my child to be released from the Family Resource Center program to the people listed below at any time. I understand that the FRC staff requires photo identification of authorized pick-up people before releasing my child.

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

ADDITIONAL INFORMATION

With whom does the child ***primarily*** reside? Both ☐ Mother ☐ Father ☐ Split Custody ☐ Other ☐
If other selected for primary residence, please explain:
Parent/Guardian Responsible for billing: Both ☐ Mother ☐ Father ☐ Other ☐
If other selected for billing responsibility, please explain:
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 ☐ N ☐
Does your child take any prescribed or over-the-counter medication on a regular basis? Y ☐ N ☐
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 ☐ N ☐
If yes, please explain:
Does your child follow a special diet (gluten-free, vegetarian, vegan)? Y ☐ N ☐
If yes, please explain:
Does your child have any chronic health concerns (asthma, seizures, diabetes)? Y ☐ N ☐
If yes, please explain:
Has your child been diagnosed with any developmental disorders? Y ☐ N ☐
ADD/ADHD ☐ ASD ☐ Hearing ☐ Language/Speech ☐ Vision ☐ Other ☐ _____ None ☐
Does your child receive any of the following services? Y ☐ N ☐
Special Education ☐ 504 ☐ IEP ☐ 1:1 Aide ☐ Other ☐ _____ None ☐

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

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

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

_____I do / _____do not give permission for my child to be photographed. (Pictures may be placed in the FRC/Camp Hawk photo album, scrapbook or displayed in the classroom. Pictures may also be displayed at other FRC/Camp Hawk events, such as the Open House, town childcare fair etc. Pictures will not be placed in the newspaper without prior written approval. Pictures will never be placed on social media.)
_____ I do / _____do not give permission for my child to view PG movies occasionally.
_____ I do / _____do not give permission for my child to self-apply sunscreen and insect repellent, as needed. **Parents are asked to check their child(ren) each day for ticks. The FRC is not responsible for any insect related illness.**

Signature _____ Date Signed _____

Camper's Name:_____

Enrollment Options (Please check below):

Full Week:
$190.00 per week
9:00 AM-4:00 PM _____
*For Camp Hawk 2023 the FRC will cover the fees for field trips and special activities.

Additional $45.00 per week for AM and/or PM extended care
7:00 AM-9:00 AM _____
4:00 PM-6:00 PM _____

Please check the full week's options below:

_____ I am enrolling my child for ALL TEN weeks of the summer program.
_____ I am enrolling my child for the following full weeks (please circle weeks attending):

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

Part Time:
$45.00 per day (minimum 2 days per week)
9:00 AM-4:00 PM _____
*For Camp Hawk 2023 the FRC will cover the fees for field trips and special activities.

Additional $15.00 per day for AM and/or PM extended care
7:00 AM-9:00 AM _____
4:00 PM-6:00 PM _____

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

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

SUMMER PROGRAM POLICIES:

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

- Please read our Summer Handbook for all program polices. The handbook will be available on our website (tolland.k12.ct.us/community/family_resource_center) on June 1, 2023.

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

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

Parent Signature: _____Date: _____

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

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

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

FOOD ALLERGY ALERT (FRC)

_____ _____
Child's Full Name Allergic to:

Place recent photo here

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

Describe type of reaction:

_____
_____
_____
_____

Medication(s) Prescribed:

_____
_____
_____
_____

State of Connecticut Department of Education

Health Assessment Record

To Parent or Guardian:

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

State law requires complete primary immunizations and a health assessment by a legally qualified practitioner of medicine, an advanced practice registered nurse or registered nurse, licensed pursuant to chapter 378, a physician 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	❑ Male ❑ Female
Address (Street, Town and ZIP code)		
Parent/Guardian Name (Last, First, Middle)	Home Phone	Cell Phone
School/Grade	Race/Ethnicity ❑ American Indian/ Alaskan Native ❑ Hispanic/Latino	❑ Black, not of Hispanic origin ❑ White, not of Hispanic origin ❑ Asian/Pacific Islander ❑ Other
Primary Care Provider		
Health Insurance Company/Number* or Medicaid/Number*		

Does your child have health insurance? Y N
Does your child have dental insurance? Y N

If your child does not have health insurance, call **1-877-CT-HUSKY**

* If applicable

Part 1 — To be completed by parent/guardian.

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

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

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

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

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

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

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

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

Signature of Parent/Guardian Date

To be maintained in the student's Cumulative School Health Record

HAR-3 REV. 7/2018

Part 2 — Medical Evaluation

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** ❑ No spinal abnormality	❑ Spine abnormality: ❑ Mild ❑ Moderate ❑ Marked ❑ Referral made	
Genitalia/ hernia					
Skin					

Screenings

***Vision Screening**			***Auditory Screening**			History of Lead level ≥ 5µg/dL ❑ No ❑ Yes	Date
Type:	Right	Left	Type:	Right	Left		
With glasses	20/	20/		❑ Pass ❑ Fail	❑ Pass ❑ Fail	***HCT/HGB:**	
Without glasses	20/	20/				***Speech** (school entry only)	
❑ Referral made			❑ 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 Allergies ❑ No ❑ Yes: ❑ Food ❑ Insects ❑ Latex ❑ Unknown source
*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

HAR-3 REV. 7/2018

Part 3 — Oral Health Assessment/Screening

Health Care Provider must complete and sign the oral health assessment.

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	❑ Male ❑ Female
Home Address		
Parent/Guardian Name (Last, First, Middle)	Home Phone	Cell Phone

Dental Examination	**Visual Screening**	**Normal**	**Referral Made:**
Completed by: ❑ Dentist	Completed by: ❑ MD/DO ❑ APRN ❑ PA ❑ Dental Hygienist	❑ Yes ❑ Abnormal (Describe) _____ _____ _____ _____ _____	❑ Yes ❑ No

Risk Assessment	**Describe Risk Factors**	
❑ Low ❑ Moderate ❑ High	❑ Dental or orthodontic appliance ❑ Saliva ❑ Gingival condition ❑ Visible plaque ❑ Tooth demineralization ❑ Other _____	❑ Carious lesions ❑ Restorations ❑ Pain ❑ Swelling ❑ Trauma ❑ 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)	
Meningococceal	*				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 the1st 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 the1st 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 6th grade will be bussed to Tolland Intermediate School.

Policies and Procedures

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

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

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

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

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

MONTHLY TUITION FEES

Before School Care

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

After School Care

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

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

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

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

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

Security Deposit:

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

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

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

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

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

Return Check Fee:
A $20.00 charge will be assessed to your account for checks returned for nonsufficient funds, "NSF".

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

Tolland Family Resource Center

School Age Care Program Registration 2023-2024

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

CHILD/FAMILY INFORMATION: Please print clearly

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

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

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

Unless informed otherwise, the Tolland Family Resource Center assumes both parents listed above may pick up the child. If a parent may not pick up the child, legal documentation of that fact is required.
It is your responsibility to let us know of changes in health, residency, billing, custody, & contact information.

SCHEDULE

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

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

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

Site Attending: Birch Grove ☐ Tolland Intermediate School ☐

Start date:
_____

EMERGENCY INFORMATION

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

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

CHILD PICK UP AUTHORIZATION

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

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

ADDITIONAL INFORMATION

Ethnicity: Not Hispanic or Latino ☐ Hispanic or Latino ☐
Race: (please select one or more of the following): American Indian or Alaska Native☐ Asian ☐ Black or African American ☐ Hawaiian/Pacific Isl. ☐ White ☐
With whom does the child **primarily** reside? Both ☐ Mother ☐ Father ☐ Split Custody ☐ Other ☐
If other is selected for primary residence, please explain:
Parent/Guardian Responsible for billing: Both ☐ Mother ☐ Father ☐ Other ☐
If other selected for billing responsibility, please explain:
Languages spoken at home:
Siblings Names & D.O.B.:

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

Physical: Vision ☐ | Hearing ☐ | Seizures ☐ | Other ☐ |
Premature Birth: Yes ☐ | No ☐
Psychological: ADD/ADHD ☐ | Emotional ☐ | Mental Illness ☐ | Other ☐|
Allergies: Foods ☐ | Medications ☐ | Seasonal ☐ | Other ☐|
Other: ☐ Please specify:

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

Is this child currently taking prescribed or over-the-counter medication? Yes ☐ No ☐
Are you covered by any hospitalization/medical care policy? Yes ☐ No ☐
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 ☐ 504 ☐ IEP ☐ 1:1 Aide ☐ Other ☐ None ☐		

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

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

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

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

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

Thank you for choosing the Tolland Family Resource Center.

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

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

_____I do / _____do not give permission for my child to be photographed for use by the FRC Programs (i.e., display boards, photo album, scrapbook) while attending the FRC SAC Program.
_____I do / _____do not give permission for my child to be photographed for use by the FRC marketing purposes such as the FRC web site, email, newsletter, and press releases to newspapers.
_____ I do / _____do not give permission for my child to view G or PG movies occasionally.
_____ I do / _____do not give permission for my child to apply sunscreen and insect repellent, as needed.

Signature _____ Date Signed_____

Office Use Only

Date Received_____ Registration Fee Paid? Y N amount_____

Last Month's Tuition Paid? Y N amount_____

Total Fee Paid: **Total** _____ Check #_____

FOOD ALLERGY ALERT (FRC)

Child's Full Name: _____

Allergic to: _____

Place recent photo here

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

Describe type of reaction:

_____

_____

Medication(s) Prescribed:

_____

_____

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

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

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

Sincerely,

Carol Hiller
FRC Coordinator

Thomas Swanson
Principal/FRC Director

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The End