

# Tolland Family Resource Center School Age Care Program 2020-2021

Dear Families,

It is a pleasure to have you join us at the Tolland Family Resource Center School Age Care Program (TFRC-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 children attend the Birch Grove site. Children in 6<sup>th</sup> grade will be bussed over to Tolland Intermediate School.

## **Policies and Procedures**

**Registration is not complete until the TFRC-SAC receives the completed forms, registration fee and deposit.**

It is **very important** for the TFRC 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.**

1. Call 860-870-6750 x 6 for the Birch Grove site or 860-870-6885 x 3 for the Tolland Intermediate School site. (Please leave a detailed message on the answering machine.)
2. Email us at [tollandfrc@tolland.k12.ct.us](mailto:tollandfrc@tolland.k12.ct.us)

- \* The hours of the **Before School Program** are 7:00 AM until 8:30 AM
- \* The hours of the **After School Program** are from the end of the school day until 6:00 PM. A late fee will be charged after 6:00 PM
- \* **TFRC will be offering a Kindergarten Care Program** for before or after kindergarten. Hours (8:30 AM start of kindergarten) or (after kindergarten until 3:20PM)  
If you need additional care for your kindergarten you may choose to enroll in the Before or After School Program.
- \* **All monthly invoices will be emailed. 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. Payments should be placed in the fee payment box at each site or mailed to the Family Resource Center, 96 Old Post Road, Tolland. Please make payments payable to **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 is closed 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 a one month notice must be given to the director. Please complete the Change in Registration Form.**

- \* If you have any questions please contact Carol Hiller, Tolland Family Resource Center School Age Care Program Director at 860-870-6885x3.

**MONTHLY TUITION FEES**

**Before School Care-**

<b>Days each week</b>	<b>Rate per month</b>
4 Days	\$147.00
3 Days	\$110.00
2 Days	\$73.00

**After School Care –**

<b>Days each week</b>	<b>Rate per month</b>
4 Days	\$204.00
3 Days	\$153.00
2 Days	\$102.00

**Kindergarten Care-**

<b>Days each week</b>	<b>Rate per month</b>
4 Days	320.00
3 Days	240.00
2 Days	160.00

**Full Day-**

<b>Days each week</b>	<b>Rate per month</b>
5 Days	1000.00
4 Days	800.00
3 Days	600.00
2 Days	400.00

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

**Monthly Tuition Rates are based on the school year \*please note that these fees may be subject to an increase**

The monthly fee stated above is the same for all ten payments of the school year. All vacations, teacher in-service/ conference days, and half days are additional and are not included in your monthly charge.

**Tuition Deposit:**

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

**Sibling Discount:**

There is 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. Monthly invoices will be placed in family folders after the 15<sup>th</sup> of the month. Receipt of payment will be included in the monthly invoice.

**Return Check Fee:**

A \$20 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 2020-2021**

**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:	
Age:		
Gender :	Grade in Sept. 2020:	
Home Address:	Town:	State/Zip
Code:		
In case of emergency, which parent/guardian listed below should we contact first?		

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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.**

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## SCHEDULE

Parents: Please check off the class you will be enrolling your child in:

<b>Before School Care:</b> Mon. <input type="checkbox"/> Tue. <input type="checkbox"/> Thu. <input type="checkbox"/> Fri. <input type="checkbox"/>
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<b>After School Care:</b> Mon. <input type="checkbox"/> Tue. <input type="checkbox"/> Thu. <input type="checkbox"/> Fri. <input type="checkbox"/>
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<b>Kindergarten Enrichment:</b> Mon. <input type="checkbox"/> Tue. <input type="checkbox"/> Thu. <input type="checkbox"/> Fri. <input type="checkbox"/>
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<b>Full Day Care:</b> Mon. <input type="checkbox"/> Tue. <input type="checkbox"/> Wed. <input type="checkbox"/> Thu. <input type="checkbox"/> Fri. <input type="checkbox"/>
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<b>Site Attending:</b> Birch Grove <input type="checkbox"/> Tolland Intermediate School <input type="checkbox"/>
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<b>Start date:</b> _____
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### EMERGENCY INFORMATION

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

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

### CHILD PICK UP AUTHORIZATION

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

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

## ADDITIONAL INFORMATION

<b>Ethnicity:</b> Not Hispanic or Latino <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> :
<b>Race:</b> (please select one or more of the following): American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hawaiian/Pacific Isl. <input type="checkbox"/> White <input type="checkbox"/>
With whom does the child <b>primarily</b> reside? Both <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Split Custody <input type="checkbox"/> Other <input type="checkbox"/>
<b>If other 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.)

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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 aide? (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 written permission by your physician.

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

**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 as far as I know, 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 late payment, late pick up of my child, or for any other good 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 TFRC-SAC Program.

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

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

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

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

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**Office Use Only**

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

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Security Deposit Paid?    Y    N      amount \_\_\_\_\_

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

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# FOOD ALLERGY ALERT (FRC)

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Child's Full Name

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Allergic to:

Place recent photo here

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

Describe type of reaction:

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Medication(s) Prescribed:

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

The Tolland Family Resource Center's goal is to offer programming to all families regardless of financial status. Those families of school age children that require financial assistance maybe 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/DistrictOffices/lunch/> or are available in your school office or by contacting Food & Nutrition Services at 860-870-6853.

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  
School Age Care Director

Laurel Leibowitz  
FRC Coordinator

Thomas Swanson  
Principal/FRC Director