



## **School Age Care Program 2024-2025**

Dear Families,

It is a pleasure to have you join us at the Tolland Family Resource Center School Age Care Program (FRC SAC). 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 for the after school program. The FRC staff members are CPR, first aid trained, and medication certified.

### **HOURS:**

- The Before School Program operates from 7:00 a.m. until the start of the school day.
- The After School Program operates from the end of the school day until 6:00 p.m. A late fee will be charged after 6:00 p.m.
- School Age Care opens 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.
- School Age Care closes for all public school holidays, Winter Break in December, and any closings due to inclement weather.

**REGISTRATION FEE:** \$50.00 per child/ \$75.00 per family.

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

**SECURITY DEPOSIT:** A \$100.00 tuition security deposit per family must be submitted with the registration. The security deposit will be applied to your first month's tuition. If you remove your child before the program starts, you must withdraw by August 1, 2024, to receive a full refund of your security deposit. If this notice is not given, the deposit will be forfeited.

### **TUITION and FEES:**

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.

## 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

- 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.
- 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.
- 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 a convenience fee will be 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**.
- **Sibling Discount:** The FRC offers a 5% sibling discount. The sibling discount does NOT apply if the family is receiving financial assistance.
- **Early Release Day Fee:** \$10.00 (added to your invoice).
- **In-service/conference days and mid-winter/spring breaks:** Additional fees apply.
- **Late Pick-Up Fee:** There is a \$1.00 charge per minute per child for parents arriving after 6:00. Three late pick-ups from the program may result in suspension. Continued late pick-ups may result in dismissal from the program.
- **Late Payment Fee:** A \$15.00 charge will be assessed to your account if payment is not received by the 5<sup>th</sup> 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 school age care tuition 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.

### **SCHEDULE CHANGES:**

- Should your childcare needs change and you want 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).

**Tolland Family Resource Center  
School Age Care Program Registration 2024-2025**

**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. 2024:	
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.**

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**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.
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<b>After School Care:</b> Mon. Tue. Wed. Thu. Fri.
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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 require these people to furnish Photo Identification before releasing my child.

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

**ADDITIONAL INFORMATION**

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

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

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

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

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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 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 upon registration.**

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

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

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

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

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

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

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

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

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

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

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**Office Use Only**

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

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

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

# FOOD ALLERGY ALERT (FRC)

Child's Full Name: \_\_\_\_\_

Allergic to: \_\_\_\_\_

Place recent photo here

Ingestion: YES NO UNKNOWN

Contact: YES NO UNKNOWN

Inhalation: YES NO UNKNOWN

Describe type of reaction: \_\_\_\_\_

\_\_\_\_\_

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. Families of preschool and school age children requiring financial assistance may qualify for 50% or 33% tuition discounts based on family eligibility for free or reduced meal benefits. In addition, the FRC offers a 20% discount to families whose gross income is at or below 60% of the State Median Income based on the CT Energy Assistance Guidelines, [Energy Assistance Guidelines](#) . Families of school age children and Preschool Plus families must submit the Free and Reduced-Price Meal Application to the Director of Food & Nutrition Services. Your benefit information can be shared with FRC **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, [Free and Reduced-Price Meal Application](#), are available in your school office or by contacting Food & Nutrition Services at 860-870-6854. Preschool families and all families applying for the 20% tuition discount please complete the FRC Financial Assistance Application to determine eligibility. Please email Carol Hiller at [chiller@tolland.k12.ct.us](mailto:chiller@tolland.k12.ct.us) to obtain the application.

Sincerely,

Carol Hiller  
FRC Coordinator

Thomas Swanson  
Principal/FRC Director