



Tolland Family Resource Center Playgroups and Special Events

September 15: MOMS Club Craft Fair, Birch Grove 9:00-4:00 pm

October 19: Fall Harvest Night

December 14: Family Gingerbread Night

January 7: PreK Childcare Activity Fair

Playgroups *additional \$25 fee for out of town participants

Monday: Morning Fun all ages with Miss Karen free* 9:00-9:45AM

9/17, 9/24, 10/1, 10/15, 10/22, 10/29, 11/5, 11/12, 11/19, 11/26, 12/3, 12/10, 12/17

Tuesday: FRC/Library Playgroup preschoolers and siblings 1000 Books B4K 10:15-11:15AM
free 9/18, 9/25, 10/2, 10/16, 10/23, 10/30, 11/6, 11/13, 11/20, 11/27, 12/4, 12/11, 12/18

Mindfulness Time for preschoolers 1:30-3:00 PM \$100 session* (drop in fee \$12**)

9/18, 9/25, 10/2, 10/16, 10/23, 10/30, 11/6, 11/13, 11/20, 11/27, 12/4, 12/11, 12/18

Wednesday: Little Chefs at TIS ages 3-6 9:00-10:30 AM \$50 per session* (drop in fee \$8**)

9/19, 9/26, 10/3, 10/10, 10/17, 10/24, 10/31, 11/7, 11/14, 11/28, 12/5, 12/12, 12/19,

Thursday: Artist in Me ages 3-6 1:30 - 3:00 PM \$100 session* (drop in fee \$12**)

9/20, 9/27, 10/4, 10/11, 10/18, 10/25, 11/8, 11/15, 11/29, 12/6, 12/13, 12/20

Adelante Espanol grades K-5 3:20-4:30 PM \$100 session K-5

9/27, 10/4, 10/11, 10/18, 10/25, 11/8, 11/15, 11/29, 12/6, 12/13, 12/20

Friday: Babies, Toddlers, and Twos ages 0-3 9:00-10:30 AM \$50 session* (drop in fee \$5**)

9/21, 9/28, 10/5, 10/12, 10/19, 10/26, 11/9, 11/16, 11/30, 12/7, 12/14, 12/21

**Drop ins welcome as long as program has at least 7 registered.

Fall Play and Learn Activities:
Tolland Family Resource Center Program Registration Form

Use a separate form for each child/program you are registering for.

Please print this form, fill out, and mail with check for payment made payable to Tolland Board of Education to:

Laurel Leibowitz
The Tolland Family Resource Center
Birch Grove Primary School
247 Rhodes Road, Tolland, CT 06084
lleibowitz@tolland.k12.ct.us

Date: _____ Program registering for: _____

Please include additional \$25 yearly fee for out of town participants.

Parent(s)/Guardian(s): _____

Address: _____

Phone: _____ Email: _____

With whom does child live? _____

Primary language spoken at home? _____

Have you participated in playgroups yet this year? _____ Siblings? (ages) _____

Child: _____ DOB: _____ Age: _____ M / F

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

Any special needs or services? _____

Please list any allergies _____

Is your child fully immunized? Y/N Does your child have medical insurance? Y/N

Office use only: date received _____ amount paid _____ check # _____