

Tolland Family Resource Center

Preschool Program Registration 2023-2024

Dear Families,

Welcome to the Tolland Family Resource Center (FRC) Preschool Program. We look forward to your child joining our preschool.

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 preschool program. Please email your child's teacher for any absences.

- * **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 are paying by credit or with a 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 to the Family Resource Center, 247 Rhodes Road, Tolland. Please make checks payable to the **Tolland Board of Education**.
- * Children entering the 3-year-old preschool program or Preschool Plus must be 3 years old by December 31, 2023.
- * Parents are strongly encouraged to work on potty training prior to their child attending.
- * The preschool programs follow the Tolland Public School's calendar. The programs will be closed on holidays, teacher in-service days, parent teacher conferences days and school breaks in December, February and April, and any closings due to inclement weather.

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.

Preschool Tuition Policies 2023-2024

Class Monthly Fee and Annual Fee

Preschool Plus: 2 days - 9 monthly payments of \$278.00 or \$2,502.00 annual fee
 3 days - 9 monthly payments of \$414.00 or \$3,726.00 annual fee
 4 days - 9 monthly payments of \$551.00 or \$4,959.00 annual fee

3-Year-Old Preschool: 9 monthly payments of \$159.00 or \$1,431.00 annual fee

4-Year-Old Preschool: 9 monthly payments of \$286.00 or \$2,574.00 annual fee

Registration Fee: Tolland Resident: \$50.00 per child (\$75.00 maximum per family) Non-refundable

Out of Town Resident: \$75.00 per child (\$100.00 maximum per family) Non-refundable

Tuition Deposit: A one-month deposit is taken at enrollment and applied to the last month of preschool.

Sibling Discount: There is a 5% sibling discount if two or more children are enrolled in the FRC Preschool and/or School Aged Care Program.

Late Pick-Up Fee: There is a \$1.00 charge per minute for late arriving parents. 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 non-sufficient funds.

Withdrawal from Program: If you need to withdraw your child from the program, one month's written notice must be given to the coordinator. If less than one month is given, your deposit will be forfeited and will be used towards the balance on your child's account. If you choose to withdraw prior to August 1, 2023, your deposit will be refunded in full. After August 1, 2023, your initial deposit will not be refunded.

Financial Assistance: Assistance with Preschool Tuition may be available to qualifying families. For more information, please contact Carol Hiller at chiller@tolland.k12.ct.us

Tolland Family Resource Center

Preschool Program Registration 2023-2024

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

CHILD/FAMILY INFORMATION: *Please print clearly*

Child's Name:	M/F	D.O.B:	Age:
Home Address:	Town:	State/Zip Code:	
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"/> 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 below should we contact first?			

Parent/Guardian Name:	Relationship to Child:
Home Address:	Town: State/Zip Code:
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"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/>	

Parent/Guardian Name:	Relationship to Child:
Home Address:	Town: State/Zip Code:
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"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/>	

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.

SCHEDULE

Parents: Please check off the class(es) you will be enrolling your child in:
All Preschool Programs are first come, first served.

Three-Year-Old Preschool: Tuesday and Thursday - 9:00am – 11:30am

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Four-Year-Old Preschool: Monday, Wednesday, and Friday - 12:00pm – 3:00pm

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Preschool Plus: Mon. ☐ Tues. ☐ Weds. ☐ Thurs. ☐ Are you flexible with days? Yes or No
*Minimum two days** / 9:00am – 1:30pm /

EMERGENCY INFORMATION

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

With whom does the child <i>primarily</i> 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>
Languages spoken at home: Primary: Additional:
Siblings' Names & D.O.B.:

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

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

Additional Health Information (Toilet training, specials circumstances, i.e., “fear of loud noises”)

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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"/>	

If your child has special needs that require a one-on-one aide, enrollment may be delayed from the date of acceptance into the program to hire appropriate staff.

If your child requires medication while in the program, it must be provided in the original container to the Birch Grove school nurse and be accompanied by written permission by your physician.

**Please review the information you have provided on this registration form to ensure accuracy.
It is your responsibility to let FRC know of any changes during your enrollment.**

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

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 cancelled because enrollment is not sufficient or for any other reason given by the Tolland Board of Education, all money paid by me will be refunded to me for the period after cancellation.

___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 Program.

___I do / ___do not give permission for my child to be photographed for use by the FRC for marketing purposes such as the FRC website, e-mail newsletter, and press releases to newspapers/television.

Name (Printed)_____

Signature_____ Date Signed_____

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

Office Use Only

Date Received_____	Registration Fee Paid	Y	N	amount_____
	Last Month's Tuition Paid	Y	N	amount_____
	Total Fee Paid:	_____ Check # _____		