



Tolland Family Resource Center Playgroups and Special Events

Lion's Club Vision Screening: Email: lleibowitz@tolland.k12.ct.us to schedule an appointment ages 6m-age 10

Monday, September 23 ~ 11:00 AM-1:00 PM at BGP FRC

Tuesday, September 24 at Tolland Library ~ 11:00 AM-2:00 PM and 5:00-7:00 PM

Thursday, September 26 ~ 9:30 AM-11:00 AM at BGP FRC

Save the Date: January 14 ~ Pre K Childcare Activity Fair 6:00-7:00 PM

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

Monday: Morning Fun all ages with Miss Karen free* 9:00-10:00 AM TIS

10/7, 10/21, 10/28, 11/4, 11/11, 11/18, 11/25, 12/2, 12/9, 12/16

Tuesday: FRC/Library Playgroup preschoolers and siblings **1000 Books B4K** 10:15-11:15AM free

9/10, 9/17, 9/24, 10/1, 10/8, 10/15, 10/22, 10/29, 11/5, 11/12, 11/19, 11/26, 12/3, 12/10, 12/17

Thursday: Artist in Me ages 3-6 1:30 - 3:00 PM \$75 session* must have 7 registered (drop in fee \$12** if we have 7 registered)

10/10, 10/17, 10/24, 10/31, 11/7, 11/21, 12/5, 12/12, 12/19

Adelante Espanol grades K-5 3:20-4:30 PM \$75 session K-5 BGP

TIS Students can be bussed to BGP

10/10, 10/17, 10/24, 10/31, 11/7, 11/21, 12/5, 12/12, 12/19

Friday: Babies, Toddlers, and Twos ages 0-3 9:00-10:30 AM \$40 session* min. 7 (drop in fee \$5**)

10/11, 10/18, 10/25, 11/1, 11/8, 11/22, 12/6, 12/13, 12/20

**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 # _____