



Vamos Español is an elementary Spanish program for children that makes learning a second language and the Spanish culture fun through hands-on activities, reading, dancing, music, science, playing games and making art projects.

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Vamos Español!

There will be a \$50 fee per child.

“Vamos Español” is a Spanish class for grades K-2 held at the Birch Grove Primary School Library with a max of 12 children per class.

Thursday’s classes, Vamos Español from 3:30-4:45 PM

January 8, 15,22,29, Feb 5, 12

Pick up is at 4:45 at BGP main entrance.

Complete the registration form and email to [chiller@tolland.k12.ct.us](mailto:chiller@tolland.k12.ct.us) or return to Carol Hiller, FRC Birch Grove Primary School.

**Tolland Family Resource Center**  
**Vamos Español!**  
**Thursdays**  
**1/8/2025-2/12/2026**

**Applications must be submitted with registration fees to be considered complete.**

**CHILD/FAMILY INFORMATION Please print clearly**

Child's Name \_\_\_\_\_ Male \_\_ Female \_\_ D.O.B. \_\_/\_\_/\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Home Address \_\_\_\_\_ Town/State \_\_\_\_\_

Zip Code \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

With whom does the child primarily reside? Both  Mother  Father  Split Custody  Other

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 another Pacific Islander  White

Languages spoken at home: Primary: \_\_\_\_\_

Additional \_\_\_\_\_

In case of emergency, which parent/guardian listed should we contact first? \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_, \_\_\_\_\_

Address \_\_\_\_\_

Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home \_\_\_\_\_ Work \_\_\_\_\_

Cell \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

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.

**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 provide Photo Identification before releasing my child.

Name \_\_\_\_\_ phone number \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_ phone number \_\_\_\_\_

Relationship \_\_\_\_\_

**Office Use Only**

Date Received \_\_\_\_\_ Total Fee Paid: **Total** \_\_\_\_\_ Ck # \_\_\_\_\_