



TOWN OF ROCKY HILL
Board of Education
BRIGHT BEGINNINGS APPLICATION
School Year 2023 - 2024
(Rev. 11/16/2022)

GENERAL INFORMATION

The program will follow the Rocky Hill Public School calendar for 2023-2024. It will start at the beginning of the school year and run Monday - Thursday. This program is held at West Hill School and Stevens School. The morning sessions run from 8:45 to 11:30 a.m. and the afternoon sessions run from 12:45 - 3:30 p.m. This program is for 3 and 4 year old children (must be 3 years of age by 12/31/23). **Children must be toilet trained** (i.e. not using a diaper or pull-up).

CLASS DESCRIPTION & LOTTERY POLICY

The Bright Beginnings Preschool Program, through the Rocky Hill Public School System, is accepting applications for typical peer role models for the 2023-2024 school year. Bright Beginnings is a language-based program comprised of typically developing three-and-four-year-old peer role models, as well as children with special education needs. Peer models will be selected through an observational screening. Upon the completion of the screening, children who demonstrate age-appropriate skills in the areas of personal-social, communication, cognitive and motor will be offered a placement. Class placement (morning or afternoon session), will take into account parent preference, but is ultimately decided by the Bright Beginnings team based on the number of applicants, makeup of the program, and students' needs.

Peer models must be toilet trained prior to the start of the 2023-2024 school year and should also demonstrate developmentally appropriate skills in the areas of communication, fine and gross motor, personal-social, and cognition.

REGISTRATION POLICY

In order for your child to be considered, the application must be submitted by **January 31, 2023**. Applications will be reviewed after January 31, 2023. If selected, your child must be able to attend the screening on **February 10, 2023** (*February 24, 2023 - snow date*). A fillable application form is available at the Park & Recreation website www.rockyhillct.gov/parkrec, or you can contact the Parks & Recreation Department at (860) 258-2772 and an application form can be mailed or emailed.

Please note that additional paperwork, which will include a health assessment form which needs to be filled out by your doctor, must be obtained from the Board of Education if your child is accepted into the program. All forms will be held confidential.

FEE STRUCTURE

The total fee for the program is **\$3,200.00**. Upon acceptance into the program, a one-time, non-refundable fee of \$200.00 is due by March 31 to secure your spot. This fee is broken down into three payments of \$1,000.00 and is due 1st of August, December and March, 2023. Tuition is payable within **10** days of the payment due date or a penalty of \$50.00 will be charged. There will be no exceptions!



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CHILD INFORMATION

First Name Middle Name Last Name Date of Birth

Gender (Circle One): *Male* *Female*

Child's primary language: _____

Does anyone else care for your child on a regular basis? _____

If yes, please explain who and how often: _____

PARENT / GUARDIAN

First Name MI Last Name

Address City State Zip Code

Home Phone Cell Phone Email Address

BROTHERS AND SISTERS

NAME GENDER DATE OF BIRTH SCHOOL GRADE

MEDICAL HISTORY

Birth Weight: _____ lbs. _____ oz. At how many weeks was the baby born? _____

Does your child have any allergies to medications? Circle One: Yes No

If yes, please explain medication and reaction: _____

Does your child have any additional allergies? Circle One: Yes No

If yes, please explain: _____

Has your child ever been in to the hospital or seriously ill at home? Circle One: Yes No

If yes, please explain: _____

Has your child ever had an eye or ear examination or treatment? Circle One: Yes No

If yes, please explain: _____

DEVELOPMENT HISTORY

At approximately what age did your child first:

Sit alone: _____ Crawl: _____ Walk alone: _____

Speak single words: _____ Speak phrases: _____ Speak sentences: _____

Hold own cup: _____ Feed self: _____

When was your child toilet trained? Please note: ALL CHILDREN MUST BE DAY TRAINED PRIOR TO STARTING SCHOOL

Day _____

Night _____

Please answer the following questions (please circle answer):

- | | | |
|--|-------|----|
| 1. Can your child be left alone with a baby-sitter without a big fuss? | YES | NO |
| 2. Does your child have: | | |
| a. Problems with eating? | YES | NO |
| b. Problems with sleeping? | YES | NO |
| 3. Is your child: | | |
| a. Highly active? | YES | NO |
| b. Very quiet? | YES | NO |
| c. Generally a happy child? | YES | NO |
| d. Unusually shy? | YES | NO |
| 4. Does your child: | | |
| a. Cry very easily? | YES | NO |
| b. Often have temper tantrums? | YES | NO |
| c. Usually follow directions? | YES | NO |
| d. Have a very short attention span? | YES | NO |
| e. Additional comments: | _____ | |

5. Is your child:
- | | | |
|---|-------|----|
| a. Able to speak most sounds correctly? | YES | NO |
| b. Easily understood by other adults? | YES | NO |
| c. Hesitant to speak with other adults? | YES | NO |
| d. Additional comments: | _____ | |

6. List language (s) other than English your child speaks at home:

7. Opportunity to interact with adults other than family:

FREQUENT	OCCASIONAL	INFREQUENT
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8. Able to interact with adults? YES NO

9. Opportunity to play with children outside of family members:

FREQUENT	OCCASIONAL	INFREQUENT
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10. Able to interact with other children? YES NO

11. What words would you use to describe your child? _____

12. Is there anything further you wish to mention about your child? _____

13. Previous nursery school experience: _____

14. Has your child ever been screened by Birth to 3? YES NO

If yes, please explain: _____

Report completed by: _____ Relationship to Child: _____

Signature: _____ Date: _____

Please return this form to:
 Rita Chhabra
 Rocky Hill Parks & Recreation
 761 Old Main Street
 Rocky Hill, CT 06067
 (860) 258-2772
 rchhabra@rockyhillct.gov