



TOWN OF ROCKY HILL
Board of Education
BRIGHT BEGINNINGS APPLICATION
School Year 2022 - 2023
(Rev. 11/17/2021)

GENERAL INFORMATION

The program will follow the Rocky Hill Public School calendar for 2022-23. It will start at the beginning of the school year on Thursday, September 1, 2022 and run Monday - Thursday. This program be 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 12/31/22).

Children must be toilet trained.

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 2022-2023 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. Peer models must be toilet trained prior to the start of the 2022-2023 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 for the lottery, the application must be submitted by January 31, 2022 and they must be able to attend the screening on Friday, February 11, 2022 (Snow Date: Friday, February 25, 2022). 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 **\$3,100.00**. Upon acceptance into the program, a one-time, non-refundable fee of \$100.00 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 (Choose 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
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MEDICAL HISTORY

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

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

If yes, please explain medication and reaction:

Does your child have any additional allergies? Choose 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

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

8. Able to interact with adults? YES NO

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

FREQUENT

OCCASIONAL

INFREQUENT

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