



**Department of Parks and Recreation  
LEARNING TREE PRESCHOOL  
APPLICATION  
School Year 2024 - 2025  
(Rev: 11/30/23)**

**GENERAL INFORMATION**

Learning Tree is a preschool program for 3 and 4 year olds (must be 3 years of age by 9/1/2024) which follows the Rocky Hill Public School calendar for 2024 - 2025 with some exceptions. Learning Tree Preschool will run on Mondays, Tuesdays, Thursdays, and Fridays at the Rocky Hill Community/Senior Center, Preschool Room 3 from 9:30 a.m. – 1:30 p.m. Children must be toilet trained prior to the start of the program.

**The first day of class will be Tuesday, September 3, 2024.**

**CLASS DESCRIPTION**

Learning Tree Preschool is designed to provide children, ages 3 & 4, with a comprehensive foundation for ongoing learning. There is an emphasis on social/emotional development, motor development, as well as cognitive and critical thinking. Student learning will be enhanced through art and music.

**LOTTERY & REGISTRATION POLICY**

In order for your child to be considered for the lottery, the Learning Tree Preschool application form must be submitted by Wednesday, January 31, 2024. A fillable application form is available at the Parks & Recreation website: [www.rockyhillct.myrec.com](http://www.rockyhillct.myrec.com) or you can contact the Office at (860) 258-2772 and a form will be mailed or emailed. Names will be chosen randomly to fill spots. If your child has been selected to be in the program, you will be contacted by the middle of February. All applicants that have not been chosen will receive a letter in the mail by the end of February and be placed on our waiting list.

The wait list applies to the current year only – a new application must be submitted each year.

Please note that additional paperwork, which will include a health assessment form (required by the State of CT) must be completed by your child's doctor, and submitted if your child is accepted into the program. All forms will be confidential.

**FEE STRUCTURE**

The total fee structure for the program is **\$3,500.00**. Upon acceptance into the program, a one-time, non-refundable fee of \$200.00 is due by March 29, 2024 to secure your spot. This fee is broken down into three payments of \$1,100.00 and is due by 1<sup>st</sup> of August 2024, December 2024, and March 2025. 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**

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First Name                                      Middle Name                                      Last Name                                      Date of Birth

Gender (Check 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**

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First Name                                      MI                                      Last Name

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Address                                      City                                      State                                      Zip Code

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Home Phone                      Cell Phone                      Email Address

**BROTHERS AND SISTERS**

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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?

Please discuss any complications:

Does your child have any allergies to medications? Check 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:

During infancy, please circle those which apply to your child:

Alert	Slept well	Easy to care for
Cried often	Feeding problems	Difficult to care for

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?

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 your child's favorite playtime activities:

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:

Report completed by: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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