Department of Parks and Recreation
LEARNING TREE PRESCHOOL
APPLICATION
School Year 2026 - 2027
(Rev: 11/17/25)

GENERAL INFORMATION

Learning Tree is a preschool program for 3 and 4 year olds (**must be 3 years of age by 7/1/2026**) which follows the Rocky Hill Public School calendar for 2026 - 2027 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.

Open house is Tuesday, September 8th, and the first day of class will be Thursday, September 10th, 2026.

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. Curriculum is based on the CT-ELDS preschool learning standards in preparation for Kindergarten success.

LOTTERY & REGISTRATION POLICY

In order for your child to be considered for the lottery, the Learning Tree Preschool application form must be submitted by Friday, January 30, 2026. The application form is available at the Parks & Recreation website: 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 **$3,800.00**. Upon acceptance into the program, a one-time, non-refundable fee of $200.00 is due by March 31, 2026 to secure your spot. This fee is broken down into three payments of $1,200.00 and is due by the 1st of August, 1st of December, and the 1st of March 2027. 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? _____

Please discuss any complications: _____

_____

_____

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: _____
_____

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