

TOWN OF ROCKY HILL
Department of Human, Youth & Senior Services
BRIGHT BEGINNINGS APPLICATION
School Year 2019 - 2020
Revised 11/7/2018

GENERAL INFORMATION

The program will follow the Rocky Hill Public School calendar for the 2019-20 school year. It will start at the beginning of the school year in September 2019 and run on Mondays, Tuesdays, Thursdays, and Fridays. This program will run for 36 weeks, and is held at West Hill School, (2) classes will be offered each day from 8:10 to 10:55 a.m. and two (2) classes will be offered each day from 12:10 - 2:55 p.m. and at Stevens School (1) class will be offered each day from 8:45 a.m. to 11:30 a.m. and (1) class will be offered from 12:45 p.m. to 3:30 p.m. this program has combined classes of 3 & 4 year old children. (Children must be 3 by 12/31/19). **Children must be toilet trained.**

CLASS DESCRIPTION

Bright Beginnings is a language based preschool program composed of children with special needs and typically developing peer models. Our program goals enable us to encourage the development of each child as an individual in a caring, supportive and fun-filled environment using developmentally appropriate practice. The enriched environment found at Bright Beginnings provides children with a variety of experiences to promote development in the areas of language, readiness, personal-social, self-help and motor skills. This is accomplished by incorporating exploratory play, circle time, art, language, science and motor activities, music and movement, pretend play, story time, and snack into a meaningful learning experience.

LOTTERY & REGISTRATION POLICY

Applications will be accepted through January 31, 2019 and may be mailed in or dropped off at the Human Services office. 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 end of the first week of February, and offered an opportunity to come in and see the program and meet with the instructors. 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.

You may state your preference of either the AM or PM session, but there are no guarantees that you will receive your preference. Applicants that do not initially get into the program will be put on a waiting list for future openings. The wait list applies to the current year only – a new application must be submitted each year. Please note that additional paperwork, will include a health assessment form which needs to be filled out by your doctor. This form must be obtained from the **Board of Education**, if your child is accepted into the program. All forms will be held confidential.

For more information regarding lottery, class times or registration policies please e-mail Jen Paragone at paragonej@rockyhillps.com or Cara Faucher at faucher@rockyhillps.com. Or call (860) 258-7761

FEE STRUCTURE

Upon acceptance into the program, a **one-time, non-refundable fee of \$100** must be paid by June 3, 2019 to secure your spot. The total fee for the duration of this program is \$2,400. This fee is broken down into 2 payments of \$1,200. The first payment of \$1,200 is due September 1st. The second payment is due January 1st. If payment is not received by the 15th of the month, a **\$20.00 late fee** will be applied. If your payment is not received by the end of the month, your child will not allowed into the program until full payment is made. **Checks should be made out to the Town of Rocky Hill.**

Please return completed form to: **Cathy Sylvester**
Human, Youth & Senior Services Department
699 Old Main Street
Rocky Hill, CT 06067
Or email completed form to: **csylvester@rockyhillct.gov**

SESSION PREFERENCE

Please circle one: AM PM

*Please understand your session preference is not guaranteed.

CHILD INFORMATION

First Name Middle Name Last Name Date of Birth

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

Language(s) other than English regularly spoken at home: _____

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

 If yes, please explain who and how often: _____

PARENT / GUARDIAN

Fathers name Mothers name 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? _____

Type of Delivery: _____

Please discuss any complications: _____

Briefly describe your pregnancy with this child: _____

Did your baby stay longer than you in the hospital? Circle One: Yes No

If yes, please explain: _____

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: _____

Does 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 _____

- 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: _____