

TOWN OF ROCKY HILL
DEPARTMENT OF HUMAN, YOUTH & SENIOR SERVICES
KIDS KORNER APPLICATION
School Year 2018 - 2019

Revised 11/20/2017

GENERAL INFORMATION

The program will follow (with some exceptions) the Rocky Hill Public School calendar for the 2018-19 school year. It will start after Labor Day in September 2018 and run on Mondays, Tuesdays, Thursdays, and Fridays. This program will be held at the Rocky Hill Community Center. There will be two sessions each day. One morning session for 3 year olds that runs from 9:00 to 11:15 a.m. and one afternoon session that runs from 11:30 to 2:30 p.m. This program is for 4 year olds (must be 3 years of age by 9/31/18). **Children must be toilet trained.**

CLASS DESCRIPTION

Kids Korner is designed to provide children, ages 3 to 4, with a comprehensive foundation for ongoing learning. There is an emphasis on social/emotional development, motor development, cognitive and critical thinking. Student learning will be enhanced through a variety of art and nature based activities.

LOTTERY & REGISTRATION POLICY

Applications will be accepted through January 31, 2018 and may be mailed in or dropped off at the Human Youth & Senior 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 middle 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.

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, including a health assessment form which needs to be filled out by your doctor, must be submitted if your child is accepted into the program. All forms will be held confidential.

FEE STRUCTURE

Upon acceptance into the program, a **one-time, non-refundable fee of \$100** must be paid by May 1, 2018 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 July 2nd. 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**

CHILD INFORMATION

First Name	Middle Name	Last Name	Date of Birth
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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
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Address	City	State	Zip Code
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Home Phone	Cell Phone	Email Address
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BROTHERS AND SISTERS

NAME	GENDER	DATE OF BIRTH	SCHOOL	GRADE

MEDICAL HISTORY

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: _____

DEVELOPMENT HISTORY

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: _____