

# 2016-17 Kids Korner Information Sheet

The program will follow the Rocky Hill Public School calendar for 2016-17 with some exceptions. Kids Korner will run on Mondays, Tuesdays, Thursdays, and Fridays and will be held at the Rocky Hill Community Center in the preschool room.

Three year olds will meet from 9:00 am - 11:15 am and four year olds will meet from 11:30 am - 2:30 pm. **Children must be toilet trained.**

## **Class Description:**

Kids Korner is a foundational program to ready children for school. This is accomplished by incorporating exploratory play, circle time, art, language, science and motor activities, music and movement, creative play, story time, and snack into a meaningful learning experience.

## **Lottery/Registration Policy:**

Applications will be accepted through January 29, 2016; and can be mailed in or dropped off at the Parks and Recreation 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 phone by the middle of February. If your child is not chosen you will be notified through the mail.**

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.

## **Fee Structure:**

**If your child becomes a participant in the program** fees will be \$185.00/month for all participants, totaling \$1850 for all ten months, regardless of holidays, closings, etc. Payments are due by the first day of each month for the following month. If payment is not received by the 15<sup>th</sup> of the month, a \$10.00 late fee will be charged. If payment has not been received by the 22<sup>nd</sup> of the month, the child will not be permitted into the program until payment is made. If your payment has still not been received by the first of the following month, then your child's slot will be filled by and applicant from the 2015 -16 waiting list. Upon acceptance into the program \$45.00 activity fee, along with the first 2 months tuition amounting to \$415.00 is required. **There will be no refunds for extended vacations.**

**The application form enclosed should be returned to:**

Rocky Hill Parks and Recreation  
761 Old Main St.  
Rocky Hill, CT 06067

# Kids Korner Application

Name of Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:            Male            Female

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Brothers and Sisters:

Name

Date of Birth

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

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Does anyone else take care of your child on a regular basis? Yes \_\_\_\_\_ No \_\_\_\_\_

If so who ? \_\_\_\_\_

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How often? \_\_\_\_\_

**MEDICAL HISTORY:**

Is your child allergic to any medicines? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, which ones? \_\_\_\_\_

Does he/she have any other allergies? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes please list:

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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 \_\_\_\_\_

Additional comments: \_\_\_\_\_

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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 \_\_\_\_\_

Additional comments: \_\_\_\_\_

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6. List your child's favorite playtime activities:

\_\_\_\_\_  
\_\_\_\_\_

7. Opportunity to interact with adults other than family:

Frequent \_\_\_\_\_ Occasional \_\_\_\_\_ Infrequent \_\_\_\_\_

Are they able to interact with adults? Yes \_\_\_\_\_ No \_\_\_\_\_

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

Frequent \_\_\_\_\_ Occasional \_\_\_\_\_ Infrequent \_\_\_\_\_

Are they able to interact with other children? Yes \_\_\_\_\_ No \_\_\_\_\_

9. What words would you use to describe your child? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

10. Is there anything further you wish to mention about your child? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

11. Previous nursery school experience:

\_\_\_\_\_  
\_\_\_\_\_

Please give reason for leaving

Report filled out by: \_\_\_\_\_

\* All applicants will be notified through mail as to the status of their child's acceptance into the program by the end of February. Please do not call the office.