



**TOWN OF ROCKY HILL**  
**Board of Education**  
**BRIGHT BEGINNINGS APPLICATION**  
**School Year 2021 - 2022**

(Rev. 11/17/2020)

**GENERAL INFORMATION**

The program will follow the Rocky Hill Public School calendar for 2021-22. It will start at the beginning of the school year on Tuesday, September 7, 2021 and run Monday - Thursday. This program be held at West Hill School and Stevens School. The morning sessions run from 8:45 to 11:30 a.m. and the afternoon sessions run from 12:45 - 3:30 p.m. This program is for 3 and 4 year old children (must be 3 years of age by 12/31/21).

**Children must be toilet trained.**

**CLASS DESCRIPTION & LOTTERY POLICY**

The Bright Beginnings Preschool Program, through the Rocky Hill Public School System, is accepting applications for typical peer role models for the 2021-2022 school year. Bright Beginnings is a language-based program comprised of typically developing three-and-four-year-old peer role models, as well as children with special education needs. Peer models will be selected through an observational screening. Upon the completion of the screening, children who demonstrate age-appropriate skills in the areas of personal-social, communication, cognitive and motor will be offered a placement. Peer models must be toilet trained prior to the start of the 2021-2022 school year and should also demonstrate developmentally appropriate skills in the areas of communication, fine and gross motor, personal-social, and cognition.

**REGISTRATION POLICY**

In order for your child to be considered for the lottery, the application must be submitted by January 29, 2021 and they must be able to attend the screening on February 19, 2021 (Snow Date: February 26, 2021). A fillable application form is available at the Park & Recreation website [www.rockyhillct.gov/parkrec](http://www.rockyhillct.gov/parkrec), or you can contact the Parks & Recreation Department at (860) 258-2772 and an application form can be mailed or emailed.

Please note that additional paperwork, which will include a health assessment form which needs to be filled out by your doctor, must be obtained from the Board of Education if your child is accepted into the program. All forms will be held confidential.

**FEE STRUCTURE**

The total fee for the program is **\$3,100.00**. Upon acceptance into the program, a one-time, non-refundable fee of \$100.00 is due by March 31 to secure your spot. This fee is broken down into three payments of \$1,000.00 and is due 1st of August, December and March, 2022. Tuition is payable within **10** days of the payment due date or a penalty of \$50.00 will be charged. There will no exceptions!



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**CHILD INFORMATION**

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First Name	Middle Name	Last Name	Date of Birth
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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**

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
	M    F			
	M    F			
	M    F			
	M    F			

**MEDICAL HISTORY**

Birth Weight:      lbs.      oz.      At how many weeks was the baby born?

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? Check One: Yes No

If yes, please explain:

Has your child ever been in to the hospital or seriously ill at home? Check One: Yes No

If yes, please explain:

Has your child ever had an eye or ear examination or treatment? Check 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? Please note: ALL CHILDREN MUST BE DAY TRAINED PRIOR TO STARTING SCHOOL

Day

Night

Please answer the following questions:

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 language (s) other than English your child speaks at home:

7. Opportunity to interact with adults other than family:

FREQUENT	OCCASIONAL	INFREQUENT
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8. Able to interact with adults? YES NO

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

FREQUENT	OCCASIONAL	INFREQUENT
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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:

14. Has your child ever been screened by Birth to 3? YES NO

If yes, please explain:

Application completed by:

Relationship to Child:

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

Please save this form as a PDF and email it to [rchhabra@rockyhillct.gov](mailto:rchhabra@rockyhillct.gov)

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