



TOWN OF ROCKY HILL
Board of Education
BRIGHT BEGINNINGS PEER MODEL APPLICATION
School Year 2024-2025
(Rev. 11/30/2023)



CLASS DESCRIPTION

Bright Beginnings Integrated Preschool Program, through the Rocky Hill Public School System, 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. Classes are taught by special education teachers and are supported by paraprofessionals.

GENERAL INFORMATION

The program will follow the Rocky Hill Public School calendar for 2024-2025. Classes are half-day, held Monday - Thursday. 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. **To remain consistent with Public Act 23-208, Section 1(a), students must be 3 years of age by September 1, 2024.** Class placement (morning or afternoon session), will take into account caregiver preference, but is ultimately decided by the Bright Beginnings team based on the number of applicants, makeup of the program, and students' needs. School transportation is not provided for peer models.

PEER MODEL APPLICATION & SCREENING POLICY

Peer models will be selected through an observational screening, conducted by Rocky Hill Public School special education preschool staff. Upon the completion of the screening, children who demonstrate **age-appropriate** skills in the areas of personal-social, communication, adaptive and cognitive development will be offered a placement or placed on a waiting list. **Peer models must also be toilet trained (i.e. not using a diaper or pull-up during the day) prior to the start of the 2024-2025 school year.**

Caregivers may be asked to pick up their child early from the screening if they are unable to separate or otherwise demonstrate significant emotional discomfort. Children may be invited to participate in a second screening if they are unable to remain, if the team would like the opportunity to gather additional information, or if the team has developmental concerns that may warrant a referral to special education or Birth to Three.

REGISTRATION POLICY

In order for your child to be considered, the application must be submitted by **January 31, 2024**. Applications will be reviewed after January 31, 2024. If selected, your child must be able to attend the screening on the morning of **February 2nd** or **February 9th**. Please also hold February 23rd and March 1st as snow dates. A fillable application form is available at the Park & Recreation website 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 to you.

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 **\$3,500.00**. Upon acceptance into the program, a one-time, non-refundable fee of \$200.00 is due by March 29th to secure your child's spot in the program. This fee is broken down into three payments of \$1,100.00 and is due 1st of August, December and March. 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.



TOWN OF ROCKY HILL
Board of Education
BRIGHT BEGINNINGS APPLICATION
School Year 2024-2025
(Rev. 11/30/2023)

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?

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 the hospital or seriously ill at home? Circle One: Yes No

If yes, please explain:

Has your child ever had an eye or ear examination or treatment? Circle One: Yes No

If yes, please explain:

DEVELOPMENT HISTORY (ALL questions must be answered to be invited into a screening)

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 **ALL** of the following questions (check an answer):

1. Can your child remove his or her shoes by untying or fastening them without assistance?
 - a. Rarely or Never (10% or less of the time)
 - b. Sometimes
 - c. Typically (90% or more of the time)

2. Can your child wash and dry their hands independently?
 - a. Rarely or Never (10% or less of the time)
 - b. Sometimes
 - c. Typically (90% or more of the time)

3. Does your child stay dry during the day?
- Rarely or Never (10% or less of the time)
 - Sometimes
 - Typically (90% or more of the time)
4. Does your child dress and undress independently?
- Rarely or Never (10% or less of the time)
 - Sometimes
 - Typically (90% or more of the time)
5. Can your child be left alone with a baby-sitter without a big fuss? YES NO
6. Does your child have:
- Problems with eating? YES NO
 - Problems with sleeping? YES NO
7. Is your child:
- Highly active? YES NO
 - Very quiet? YES NO
 - Generally a happy child? YES NO
 - Unusually shy? YES NO
8. Does your child:
- Cry very easily? YES NO
 - Often have temper tantrums? YES NO
 - Usually follow directions? YES NO
 - Have a very short attention span? YES NO
 - Additional comments:
9. Is your child:
- Able to speak most sounds correctly? YES NO
 - Easily understood by other adults? YES NO
 - Hesitant to speak with other adults? YES NO
 - Additional comments:
10. List language (s) other than English your child speaks at home:
11. Opportunity to interact with adults other than family:
- FREQUENT OCCASIONAL INFREQUENT
12. Able/willing to interact with adults? YES NO
13. Opportunity to play with children outside of family members:
- FREQUENT OCCASIONAL INFREQUENT
14. Able/willing to interact with other children? YES NO

15. What words would you use to describe your child?

16. Is there anything further you wish to mention about your child?

17. Previous nursery school / day care experience:

18. Has your child **ever received services** through Birth to 3? YES NO

If yes, are they still receiving services?:

Report completed by: _____ Relationship to Child: _____

Signature: _____ Date: _____

Please return this form to:
Rita Chhabra
Rocky Hill Parks & Recreation
761 Old Main Street
Rocky Hill, CT 06067
(860) 258-2772
rchhabra@rockyhillct.gov