



**Department of Parks and Recreation
LEARNING TREE PRESCHOOL
APPLICATION**
(Formally known as Kids Korner)
School Year 2021 - 2022
(Rev: 12/16/2020)

GENERAL INFORMATION

Learning Tree is a preschool program for 3 and 4 year olds (must be 3 years of age by 11/1/2021) which follows the Rocky Hill Public School calendar for 2021 - 2022 with some exceptions. Learning Tree Preschool will run on Mondays, Tuesdays, Thursdays, and Fridays at the Rocky Hill Community Center, Preschool Room from 9:30 a.m. – 1:30 p.m. Children must be toilet trained prior to the start of the program.

The first day of class will be Tuesday, September 7, 2021.

CLASS DESCRIPTION

Learning Tree Preschool is designed to provide children, ages 3 & 4, with a comprehensive foundation for ongoing learning. There is an emphasis on social/emotional development, motor development, as well as cognitive and critical thinking. Student learning will be enhanced through art and music.

LOTTERY & REGISTRATION POLICY

In order for your child to be considered for the lottery, the Learning Tree Preschool application form must be submitted by Monday, February 1, 2021. A fillable application form is available at the Parks & Recreation website: www.rockyhillct.gov/parkrec or you can contact the Office at (860) 258-2772 and a form will be mailed or emailed. 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. 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.

The wait list applies to the current year only – a new application must be submitted each year.

Please note that additional paperwork, which will include a health assessment form (required by the State of CT) must be completed by your child's doctor, and submitted if your child is accepted into the program. All forms will be confidential.

FEE STRUCTURE

The total fee structure 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 31st to secure your spot. This fee is broken down into three payments of \$1,000.00 and is due by 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 be no exceptions!



Department of Parks and Recreation
LEARNING TREE PRESCHOOL
APPLICATION
(Formally known as Kids Korner)
School Year 2021 - 2022
(Rev: 12/16/2020)

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? _____

Please discuss any complications: _____

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 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 _____

Please answer the following questions (please circle answer):

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: _____

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