

2010-11 Bright Beginnings Information Sheet

The program will follow the Rocky Hill Public School calendar for 2010-11. The program will start at the beginning of the school year in September 2010, and run on Mondays, Tuesdays, Thursdays, and Fridays. This program will run 36 weeks, and will be held at both West Hill School (WH) and Stevens School (ST). Three sessions will be offered each day: morning session runs from 9:15 - 11:45 a.m. (WH); afternoon sessions (WH & ST) run from 12:45 - 3:15 p.m. This program is for 3 and 4 year olds (must be 3 years of age by 12/31/10.) Children must be toilet trained.

Class Description:

Bright Beginnings is a language based preschool program composed of children with special needs and typically developing peer models. Our program goals enable us to encourage the development of each child as an individual in a caring, supportive and fun-filled environment using developmentally appropriate practice.

The enriched environment found at Bright Beginnings provides children with a variety of experiences to promote development in the areas of language, readiness, personal-social, self help and motor skills.

This is accomplished by incorporating exploratory play, circle time, art, language, science and motor activities, music and movement, pretend play, story time, and snack into a meaningful learning experience.

Registration Policy:

Registration will be accepted through January 31st; Registrations may be mailed in or dropped off at the Parks and Recreation office. Names will be chosen randomly to fill spots. 9 children per session (AM and PM) will be accepted. The staff/child ratio will be at most 1:5. If your child has been selected to be in the program, you will be contacted by the end of February, and offered an opportunity to come in and see the program and meet with the instructors.

Please note you may state your preference of either the A.M. or P.M. session and school, but there are no guarantees that you will receive your choice.

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

Fee Structure:

Fees will be \$175.00/month for all participants, totaling \$1750 for all ten months, regardless of holidays, closings, etc. Payments are due by the first day of each month for the following month (Sept. 1 for the month of October, etc.) If payment is not received by the 15th of the month, a \$10.00 late fee will be charged. If payment has not been received by the 22nd of the month, the child will not be permitted into the program until payment is made. If payment has still not been received by the first of the following month (Oct. 1 in the above example), then the child's slot will be filled from the waiting list. There will also be a one time, non-refundable, \$45.00 activity fee charged.

The application form enclosed should be returned to:

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

Bright Beginnings Application

Name of Child: _____

Date of Birth _____ Gender: Male Female

Address: _____ Phone Number: _____

Parent/Guardian: _____

Session Preference (not guaranteed): A.M. _____ P.M. _____

School Preference (not guaranteed): West Hill _____ Stevens _____

Brothers and Sisters:

<u>Name</u>	<u>Date of Birth</u>	<u>School</u>	<u>Grade</u>
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Language(s) other than English regularly spoken at home: _____

Does anyone else take care of your child on a regular basis? _____

Who? _____ How often?

MEDICAL HISTORY:

Birth Weight: _____ lbs _____ oz.

1. Briefly describe your pregnancy with this child. _____

2. Was the baby full term? _____ Premature?

3. Delivery: Normal _____ Loss of oxygen _____ Other problems _____

4. Did the baby stay longer than you in the hospital? Yes _____ No _____

If yes, explain:

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5. Is your child allergic to any medicines? Yes _____ No _____

If yes, which ones? _____

6. Does he/she have any other allergies? Yes _____ No _____

If yes, please list:

7. Has this child ever been in a hospital or been seriously ill at home?

Yes _____ No _____

If yes, please explain:

8. Infancy: (circle those which apply)

Alert baby
Cried often

slept well
feeding problems

easy to care for
hard to care for

9. Has this child ever had an eye _____, ear _____ examination or treatment?

Yes _____ No _____

If yes, please explain: _____

DEVELOPMENTAL HISTORY:

At approximately what age did your child first:

Sit alone _____ Crawl _____ Walk alone _____

Say single words _____ Say phrases _____ Say sentences _____

Hold own cup _____ Feed self _____

When was he/she toilet trained? Day _____ Night _____

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: _____

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: _____

6. List your child's favorite playtime activities:

7. Opportunity to interact with adults other than family:

Frequent _____ Occasional _____ Infrequent _____

Able to interact with adults? Yes _____ No _____

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

Frequent _____ Occasional _____ Infrequent _____

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: _____

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.