Virginia Preschool Initiative:  
Preschool Program for At-Risk Four-Year-Old Children

PROGRAM DESCRIPTION

The Preschool Program for At-Risk Four-Year Old Children is provided by the Prince George County Public Schools in cooperation with county agencies. The program is designed for at-risk four-year-olds residing within Prince George County. The goal of the program is to provide a healthy learning environment that addresses the needs of preschool children whose social or economic conditions place them at risk of poor school performance. This program is funded by the State of Virginia through monies allocated by the General Assembly. The intent of the General Assembly is to provide quality preschool programs for at-risk four-year-olds not served by another program.

According to budget language set forth by the 2015 General Assembly, a child/family must meet at least one of the four criteria stated below to be considered for admittance into the program.

1. Family income at or below 200 percent of federal poverty guidelines,
2. Homelessness,
3. Student’s parents or guardians are school dropouts, or
4. Family income is below 350 percent of federal poverty guidelines in case of students with special needs or disabilities.

The child must be four years of age on or before September 30th of the enrollment year to meet age requirements. An application must be submitted to the Prince George School Board Office for a child to be considered for enrollment. Applications are available at all five elementary schools, the Prince George School Board Office, Prince George Health Department, Prince George Department of Social Services, or can be downloaded from the school division web site at pgs.k12.va.us.

This is not a first-come, first-served program. Children are selected and invited to attend.
APPLICATION

Virginia Preschool Initiative: Preschool Program for At-Risk Four-Year-Old Children

Prince George County Public Schools, in cooperation with county agencies, provides a preschool program for at-risk four-year-olds. The goal of the program is to provide a healthy learning environment that addresses the needs of preschool children whose social or economic conditions place them at risk of poor school performance.

Children are selected for this program on the basis of family need according to state guidelines. This is not a first-come, first-served program. Children must be four years of age on or before September 30th of the enrollment year to meet state mandated age requirements.

All information provided on this application must be verified before the child will be considered for acceptance.

Please print clearly:

Child’s name: ____________________________________________ Nickname: ____________________________
First                             Last

Birth Date (month/day/year)__________________________ Sex: ______ Age: ______________

Student’s Ethnicity: (Mark only one.) Student’s Race: (Mark all in this section that apply to your child.)
       _____ Not Hispanic/Latino   _____ American Indian/Alaskan
       _____ Hispanic/Latino       _____ Black/African American
       _____ White                _____ Asian
       _____ Native Hawaiian/Other Pacific Islander

Parent/Guardian’s Name: ____________________________________ Single___ Married___ Separated___

Address: _____________________________________________________________________________
            Street       City/State/Zip

Home Phone: ____________________________________________ Cell Phone: ____________________________

Do you ___ own,  ___ rent, ___ live with your parents (child’s grandparents), ____other? (Please explain)

Explanation: _____________________________________________________________________________

_____________________________________________________________________________________

If you are the guardian, do you have court approved/legal custody of this child?  _____Yes _____No

What is your relationship to this child? ___________________________________________________________________

Is the child currently in a foster care placement?  ____Yes ____No

_____________________________________________________________________________________

Placement Agency
The following must be completed in order to be considered for the program:

1. Father’s Employer: ____________________________  Position: ____________ Phone: _________
   Mother’s Employer:____________________________ Position: _____________Phone:__________

2. Household Gross Income (before taxes): $___________________ per year/month/week
   (circle one)
   If military, BAH amount $______________________
   Child Support $______________________________
   Disability Payments $_________________________
   Other income $______________________________

3. Other services:  Currently Receiving  Received In Past
   Medicaid   _____          _____
   AFDC or SSI               _____         _____
   Food Stamps   _____         _____
   Other                                   _____

4. Highest grade completed:  by father __________________ or GED
   by mother        __________________ or GED

5. Please list everyone living in the home:
   NAME      AGE  RELATIONSHIP TO CHILD
   _____________________________  ____  ____________________
   _____________________________  ____  ____________________
   _____________________________  ____  ____________________
   _____________________________  ____  ____________________
   _____________________________  ____  ____________________
   _____________________________  ____  ____________________
   _____________________________  ____  ____________________

6. Please complete the attached Developmental History.

Parent or Guardian Signature_________________________________   Date____________

Return to:   James Scruggs, Director of Elementary Education
Prince George County Public Schools
P.O. Box 400, 6410 Courts Drive
Prince George, VA  23875
Children’s Name _________________________________

1. How much did your child weigh at birth? _________________________________

2. Were there any complications during pregnancy or birth? ___Yes ___No
   If yes, please explain ____________________________________________________
   _______________________________________________________________________

3. Do you think your child hears well? _____ Yes _____ No
   If no, please explain ____________________________________________________
   _______________________________________________________________________

4. Do you think your child speaks like other children his/her age? _____ Yes _____ No
   If no, please explain ____________________________________________________
   _______________________________________________________________________

5. Can you and other people understand what your child says? _____ Yes _____ No
   If no, please explain ____________________________________________________
   _______________________________________________________________________

6. Does your child speak more than one language? _____ Yes _____ No
   If yes, which language? ___________________________________________________
   _______________________________________________________________________

7. Do you think your child walks, runs, and climbs like other children his age? ___ Yes ___No
   If no, please explain ____________________________________________________
   _______________________________________________________________________

8. Do you have any concerns about your child’s vision: _________ Yes _______ No
   If yes, please explain ____________________________________________________
   _______________________________________________________________________
9. Has your child had any serious illness, allergies, surgery, or major accident?  ____Yes ____No

   If yes, please explain ____________________________________________________________
   ____________________________________________________________________________

10. Do you have any concerns about your child’s behavior?  _____ Yes _____ No

   If yes, please explain ____________________________________________________________
   ____________________________________________________________________________

11. Is your child toilet trained? (Please circle one)

    Always          Most of the Time          Occasional Accidents          Not Yet Toilet Trained

12. Is there any history of deafness or hearing impairment in the family?  _____ Yes _____ No

   If yes, please explain ____________________________________________________________
   ____________________________________________________________________________

13. Is there any history of siblings or family members attending special education classes? __ Yes ___ No

   If yes, please explain ____________________________________________________________
   ____________________________________________________________________________

14. Describe your child’s separation behavior when you leave him/her with someone else (babysitter,

    family member, etc.) ____________________________________________________________
   ____________________________________________________________________________