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 <u>social or economic conditions</u> 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 youown, rent, live with you	ur parents (child's grandparents),other? (Please explain)				
Explanation:					
If you are the guardian, do you have court a	approved/legal custody of this child?YesNo				
What is your relationship to this child?					
Is the child currently in a foster care placem	nent?YesNo				
	Placement Agency				

The following <u>must</u> 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 (b	efore taxes): \$			per year/month/week (circle one)
	If military, BAH amount \$				(circle circ)
	Child Support \$ Disability Payments \$ Other income \$				
3.	Other services: Medicaid AFDC or SSI Food Stamps Other	Currently Rec	ceiving - - - -	l	Received In Past
4.	Highest grade completed:	by father by mother			or GED or GED
5.	Please list <u>everyone</u> living in NAME	the home:	AGE	ı	RELATIONSHIP TO CHILD
				- -	
				-	
				<u>-</u>	
				-	
				-	
6.	Please complete the attache	ed Developmen	ital His	tory.	
Parent	or Guardian Signature				Date
Return	to: James Scruggs, Dire	ctor of Element	ary Ed	ucation	

Prince George County Public Schools P.O. Box 400, 6410 Courts Drive Prince George, VA 23875

For more information call Angela Mitchell, Preschool Home/School Coordinator (804) 733-2700

Developmental History

Childs'	Name
1. 2.	How much did your child weigh at birth? Were there any complications during pregnancy or birth?YesNo 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?YesNo If yes, which language?
7.	Do you think your child walks, runs, and climbs like other children his age? YesNo If no, please explain
8.	Do you have any concerns about your child's vision:YesNo If yes, please explain

Has your child had any serious illness, allergies, surgery, or major accident?YesNo					
If yes, please explain					
Do you have any concerns about your child's behavior? Yes No					
If yes, please explain					
Is your child toilet trained? (Please circle one)					
Always Most of the Time Occasional Accidents Not Yet Toilet Trained					
Is there any history of deafness or hearing impairment in the family? Yes No					
If yes, please explain					
Is there any history of siblings or family members attending special education classes? Yes N					
If yes, please explain					
Describe your child's separation behavior when you leave him/her with someone else (babysitter,					
family member, etc.)					