

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.

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

Developmental History

Childs' 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.) _____
