



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.** Parents will be notified by the first week of July as to whether or not their child has been accepted into the program. Children who are not accepted will be placed on a waiting list. Child must be four years of age on or before September 30th of the enrollment year.

Please print clearly:

Child's Name: _____ Nickname: _____

Sex: _____ Race: _____ Age: _____ Birth Date (month/day/year): _____

Address: _____ Phone #: _____

City: _____ State: _____ Zip: _____

Parent/Guardian's Name: _____ Single: _____ Married: _____

Does the child live with someone other than their parent? _____ Yes _____ No

If yes, please indicate relationship _____

Do you have court approved custody? _____ Yes _____ No

Is the child currently in a foster care placement? _____ Yes _____ No

If yes, what agency placed the child? _____

Is the family military connected? _____ Yes _____ No If yes, please indicate rank _____

Is the parent presently deployed? _____ Yes _____ No

1. Father's Employer: _____ Position: _____ Phone: _____

Mother's Employer: _____ Position: _____ Phone: _____

2. Services for child and/or family:	Currently Receiving	Received In Past	Never Received
a. Medicaid	_____	_____	_____
b. AFDC or SSI (Monthly Check from Social Services)	_____	_____	_____
c. Food Stamps	_____	_____	_____
d. List Other Services from Social Services	_____	_____	_____

3. Highest grade completed: by father _____ or GED
by mother _____ or GED

Please continue on back of this form.

4. Family Net Income: (Verification of income may be requested.)
- | | |
|--|--|
| _____ none | _____ between \$20,000 - \$25,000 per year |
| _____ less than \$5,000 per year | _____ between \$25,000 - \$30,000 per year |
| _____ between \$5,000 - \$15,000 per year | _____ more than \$30,000 per year |
| _____ between \$15,000 - \$20,000 per year | |

5. Additional Income Amount

_____ Housing Allowance	_____
_____ Child Support	_____
_____ Disability	_____
_____ Other _____	_____

6. Total number of people living in the home _____

7. Names of other children in the home and schools that they attend (if any):

_____	_____
_____	_____
_____	_____
_____	_____

8. Names of other schools or programs child applying for program has attended _____

9. Is there any history of siblings or family members attending special education classes? _____

If yes, please explain _____

10. Please complete attached Developmental History and return with application.

Parent or Guardian Signature Date

REMINDER: This is not a first-come, first-served program. Applications will be screened to determine eligibility. Parents will be notified by the first week in July as to whether or not their child has been accepted into the program.

Return to: Brenda Gore
 Prince George County Public Schools
 P.O. Box 400, 6410 Courts Drive
 Prince George, VA 23875

Due Date: May 31

For more information call 733-2700.

PLEASE COMPLETE AND RETURN WITH APPLICATION

Child's Developmental History

Child's Name _____

1. How old was your child when he/she began to talk? _____
Were there any concerns about early language development? _____
If so, please explain _____

2. Has your child had any hearing or vision problems? _____
If yes, please give details _____

3. Are there any concerns about your child's motor development? _____
(e.g., walking late, balance or coordination problems)
If yes, please give details _____

4. How much did your child weigh at birth? _____
Were there any complications during pregnancy or birth? _____
If yes, please explain _____

5. Has your child had any serious illness, allergies, surgery, or major accident? _____
If yes, please explain _____

6. Does your child speak more than one language? _____
If yes, please indicate language spoken _____
Is this language primarily spoken in the home? _____

7. Is your child toilet trained? (please circle one)

Always Most of the Time Occasional Accidents Not Yet Toilet Trained

8. Does your child currently take a nap during the day? _____
If yes, at what time and for how long? _____

9. Describe your child's separation behavior when you leave him/her with someone else (babysitter, family member, etc.).

10. How does your child interact or play with other children of a similar age? _____

Please continue on back of this form.

