

Dinwiddie County Public Schools
Virginia Preschool Initiative: Preschool Program for At-Risk Four –Year-Old Children
Application

Dinwiddie County Public Schools 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 age requirements. Priority is given to children with the greatest number of at-risk criteria impacting their environment.

Please print clearly:

Child's Name: _____
Last First Middle

Date of Birth: ____/____/____ **Gender (circle one):** Male Female **Race:** _____

Parent/Guardian's Name: _____

Street and/or Mailing Address: _____

City/Town: _____ **State:** _____ **Zip:** _____

Telephone: Home # (____) _____ Cell # (____) _____ Work # (____) _____

EDUCATION – Highest grade completed by caregiver, parents and/or guardians

11th grade and under _____ Currently attending school _____ Degreed (Bachelors/Higher) _____
 High school graduate _____ College not completed _____
 GED _____ Skills trained _____

Office Use Only

FAMILY INFORMATION

Age of Mother at time of birth: _____ 15 or under _____ 16-19 _____ 20-44 _____ 45+

The child is being raised by: _____ Single birth parent _____ Grandparent/Foster _____ Two Parent Family
 _____ Parent/Adoption

The caregiver's home is or has experienced:
 Violence _____ Prolonged Illness _____ Legal Incarceration _____
 Homelessness _____ Military Deployment _____ Separation/Divorce _____
 Unemployment _____ Death (parent/sibling) _____

Developmental History – Child has health or developmental problems:

Developmentally delayed _____ Speech/Language problems _____
 Severe health problems _____ Weight of child at birth – 5 lbs. or below _____
 Limited English Proficiency _____ Hearing/Vision Problems _____
 Currently receiving speech services _____ If yes, where _____

INCOME – Caregiver's home is currently receiving:

Food stamps _____ WIC _____ Medicare/Medicaid _____
 Social Security/SSI _____ FAMIS _____
 TANF (Temporary Assistance for Needy Families) _____

Father's Employer: _____ **Position:** _____ **Phone:** _____

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

Number of persons in household: _____ 1-3 _____ 4-6 _____ 7-9 _____ 10 +

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Please list everyone living in the home in the space below:

Name and Age	Relationship to child
_____	_____
_____	_____
_____	_____
_____	_____

Estimated yearly income: \$ _____
(Please include all salaries, tips, unemployment, workmen's compensation, social security, and pensions)

Has child attended any preschool programs? _____ Yes _____ No

If yes, List: _____

Does child receive special education services? _____ Yes _____ No

Does child have a sibling previously enrolled in VPI or Headstart program? _____ Yes _____ No

<p>Office Use Only:</p> <p>TOTAL _____</p> <p>Please refer to criteria points System.</p>

Thank you for applying for our Preschool Program. You will be notified regarding your child's acceptance or waiting list status. Completing application does not place your child into the program. Applications will be screened to determine eligibility. Space is limited; therefore, students will be placed according to their at-risk needs. For More information call (804) 469-4382.

Parent/Guardian's Signature: _____ Date: _____

Interviewer's Signature: _____