

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 _____

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

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TOTAL

Please refer to
criteria points
System.

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: _____