South Carolina Child Development Program (CDEP)
4-K Registration Form
2017–2018 School Year

☐ **CDEP** ☐ **Half Day Non-CDEP** ☐ **Full Day Non-CDEP**

SCHOOL and DISTRICT

School: School District:

CHILD

Last Name: First Name: Middle Name:

Check if Applicable: ☐ II ☐ III ☐ IV ☐ V ☐ Jr. ☐ Sr.

Date of Birth *(mm/dd/yy)*: __/_ _/__ Social Security number *(Preferred but optional)*: _____-___-_____
Sex: ☐ M ☐ F Did your child weigh less than 5.5 lbs. at birth? ☐ Yes ☐ No
Federal Race/Ethnicity: Is the student Hispanic or Latino?☐ Yes ☐ No
What is the student's race?
☐ American Indian ☐ Black ☐ Hawaiian-Pacific Islander ☐ Asian ☐ White ☐ No response

Street Address:

City:

County: Home Phone: South Carolina Zip Code:

Mailing Address if Different:

City: County: South Carolina Zip Code:

PARENTS/GUARDIANS

Mother's Last name: First Name: Middle Initial:

If different from child's information:

Street Address:

City: County: South Carolina Zip Code:

Home Phone: Cell Phone:

Place of Employment: Daytime Phone:

Mother's Education (*highest level*)☐ No H.S. Diploma ☐ GED ☐ H.S. Diploma ☐ Associate ☐ Bachelor ☐ Master ☐ Ph. D

Father's Last Name: First Name: Middle Initial:

If different from child's information:

Street Address:

City: County: South Carolina Zip Code:

Home Phone: Cell Phone:

Place of Employment: Daytime Phone:

Father's Education (*highest level*) ☐ No H.S. Diploma ☐ GED ☐ H.S. Diploma ☐ Associate ☐ Bachelor ☐ Master ☐ Ph. D

EMERGENCY CONTACT INFORMATION

Primary Contact Name:		Cell Phone:
Daytime Street Address:		Daytime Phone:
City:	State:	South Carolina Zip Code:
Second Contact Name:		Cell Phone:
Daytime Street Address:		Daytime Phone:
City:	State:	South Carolina Zip Code:

CHILD'S BASIC CARE

Child's living arrangements: ☐ both parents ☐ mother ☐ father☐ other_____

Child's legal guardian: ☐ both parents ☐ mother ☐ father ☐ other(specify)_____

☐ Last year my child attended a child care center. (*Name of Center:* _____)
☐ Last year my child attended a Head Start center. (*Name of Center:* _____)
☐ Last year my child attended a home day-care facility. (*Name of Facility:* _____)
☐ Last year my child was at home with a family member.
☐ Last year my child was at home with a non-family member.

CHILD'S PRIMARY HEALTH SOURCE

My child receives regular medical care from: ☐**C**=Free Health Clinic (Free Health Dept.)
☐**E**=Emergency Room ☐**F**=Family Doctor ☐**O**=Other
Name: _____ Phone: _____

FAMILY/HOME INFORMATION

Income Range of Family:
☐ $0-$10,000 ☐ $10,001-$20,000 ☐ $20,001-$30,000 ☐ $30,001-$40,000
☐ $40,001-$50,000 ☐ $50,001-$60,000 ☐ $60,000 and above

LANGUAGE BACKGROUND

What is the child's English proficiency? ☐ English speaking ☐ Very little English ☐ No English
What is the child's primary language? _____

If non English speaking, what language did the child first learn? _____

What language is primarily spoken in the home? _____

FAMILY LITERACY SERVICE

Who in your family has participated in a school district Family Literacy Program such as adult literacy, adult education (GED, High School Diploma, ESL), parent education, child development, or parent and adult/child interactive literacy?
☐ Both Parents ☐ Mother ☐ Father ☐ Guardian ☐ No One

Did your child ever participate in school district Family Literacy Services? ☐ Yes ☐ No
If, Yes, Check how long? ☐ Under 1 Year ☐ 1-2 Years ☐ 2-3 Years ☐ 3-4 Years

CHILD'S SPECIAL NEEDS

List any long-term health concerns, illnesses, and/or allergies: _____

_____

List any medication(s) prescribed for continuous long-term use: _____

_____

List any special accommodation(s) that may be required to meet my child's needs most effectively while he or she is at the school: _____

_____

Student's Disability Status: ☐ None ☐Emotional ☐Learning ☐Speech ☐Physical ☐Other

Does your child have an Individual Education Plan (IEP)? ☐ Yes ☐ No

How do you anticipate your child will get to and from school? ☐School Bus ☐Car ☐Child Care or Day Care Transportation ☐Walk

Below is for District/State Use Only

ALL CHILDREN PARTICIPATING IN A CDEP CLASSROOM MUST BE CODED WITH A CDEP PROGRAM SERVICE CODE

Early Childhood Placement: ☐ 3 yr Class ☐ 4 yr Class ☐ 5 yr Class ☐ Multi-Age Classroom

Student Identification Number:

Program Entry Date: Program Exit Date: Reason for exit:

Income Verification Method (☐Medicaid, ☐ Free or Reduced Lunch, ☐W2 forms, ☐Pay Stubs,

Other Income Verification Documented):_____

Meals: Free or Reduced Lunch ☐ Yes ☐ No ☐ N/A if District enrolled in Community Lunch Program

Classroom Type:
☐ **DSF** District / School Based Full-Day
☐ **DSH** District / School Based Half-Day
☐ **HSF** Head Start Full-Day
☐ **HSH** Head Start Half-Day
☐ **OH** Other Half-Day

Was child served by Head Start any time from birth to age 4? ☐ Yes ☐ No

First Steps Funded 4K (CDEP in private child care center) : ☐ No ☐ Yes ☐ Info not available

DIAL 3 or 4: (Indicate which) ___ Screening Date:_____

Scores: Language:_____ Concepts: _____ Motor: ____ Self-Help:____ Social: _____

Classroom Curriculum: ☐ High Scope ☐ Montessori ☐ Creative Curriculum ☐ Opening the World of Learning ☐Other_____

Readiness Assessment: ☐ myIGDIs ☐ PALS- Pre-K ☐ Teaching Strategies GOLD ☐ Other

Medicaid: ☐ Yes ☐ No Medicaid number_____ Medicaid Active ☐ Yes ☐ No

* Copy of Medicaid Card attached ☐

Migrant/Immigrant: ☐ Yes ☐ No Birth County:_____State Id #: _____

SC Child Development Education Project

PARENT/GUARDIAN VERIFICATION AND CONSENT

I verify that the information I have provided on this registration form is true and accurate. I hereby grant permission for this information to be distributed to the Child Development Education Program (CDEP) and other state agencies, which include, but are not limited to, the South Carolina Education Oversight Committee (EOC).

I understand that my completion of this form does not guarantee the placement of my child in a South Carolina Child Development Education Program. If my child is placed in the Child Development Education Program, I agree that he or she will attend the class for 6.5 hours each day, five days a week, for the 180-day school year. I understand that my child's failure to meet this attendance requirement could result in his or her being dropped from the program. I further understand that I cannot register my child in the program without the appropriate documentation of his or her age and eligibility, and I have therefore attached to this registration form a copy of the necessary documentation.

I understand that information about my child, _____, and about the school will be used in a comprehensive, multiyear longitudinal research and evaluation project to determine the relationship between the student and school data and student success in school. The evaluation may include individual child assessment during a child's 4-year-old pre-kindergarten and 5-year-old kindergarten and other basic non-identifying educational information. All data collected are subject to the provisions of the Family Educational Rights and Privacy Act (FERPA) as well as South Carolina statutes and regulations protecting individual privacy and confidentially. Analyses of the data collected will be conducted only by individuals approved by the EOC. Individual student names will not be used.

_____ _____

Signature of parent/guardian Date

PHOTOGRAPH/VIDEOTAPE RELEASE

The CDEP will occasionally take photographs and makes videotapes of children in the program. Such photographs and/or videotapes may appear in printed materials such as brochures, in teacher training videos, and on the South Carolina Department of Education's Web site.

Please put a checkmark in one of the following boxes:

- ☐ I authorize the reproduction of any photographs, videos, or slides of my child or their work for use by the SCDE and / or CDEP.
- ☐ I do not authorize the reproduction of any photographs, videos, or slides of my child or their work for use by the SCDE and / or CDEP.

_____ _____

Signature of parent/guardian Date