

**South Carolina Child Development Program (CDEP)
4-K Registration Form
2018-2019 School Year**

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

SCHOOL and DISTRICT		
School:	District: ORANGEBURG CONSOLIDATED FIVE	
CHILD		
Last Name:	First Name:	Middle Name:
Check if Applicable: <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> Jr. <input type="checkbox"/> Sr.		
Date of Birth (<i>mm/dd/yy</i>): ___/___/___ Social Security No. (<i>Preferred but optional</i>): _____-____-____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F		
Did your child weigh less than 5.5 lbs. at birth? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Race/Ethnicity: <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other_____		
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:
<i>If different from child's information:</i>		
Street Address:		
City:	County:	South Carolina Zip Code:
Home Phone:		
Place of Employment:	Daytime Phone:	
Mother's Education (<i>highest level</i>) <input type="checkbox"/> No H.S. Diploma <input type="checkbox"/> GED <input type="checkbox"/> H.S. Diploma <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Ph. D		
Father's Last Name:	First Name:	Middle Initial:
<i>If different from child's information:</i>		
Street Address:		
City:	County:	South Carolina Zip Code:
Home Phone:		
Place of Employment:	Daytime Phone:	
Father's Education (<i>highest level</i>) <input type="checkbox"/> No H.S. Diploma <input type="checkbox"/> GED <input type="checkbox"/> H.S. Diploma <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Ph. D		
EMERGENCY CONTACT INFORMATION		
Primary Contact Name:	Daytime Phone:	
Daytime Street Address:		
City:	State:	South Carolina Zip Code:
Second Contact Name:	Daytime Phone:	
Daytime Street Address:		
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 **E**motional **L**earning **S**peech **P**hysical **O**ther

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

How do you anticipate your child will get to and from school? Daycare Bus Car Walk

Below is for District/State Use Only

**ALL CHILDREN PARTICIPATING IN A CDEPP CLASSROOM MUST
BE CODED WITH A FL4K 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: _____

Meals: Free or Reduced Yes No Income Verification Method: _____

Classroom Type:

- DCF** District Owned Center Based Full-Day
- DCH** District Owned Center Based Half-Day
- DSF** District Owned School Based Full-Day
- DSH** District Owned School Based Half-Day
- HSF** Head Start Full-Day
- HSH** Head Start Half-Day
- OF** Other Full-Day
- OH** Other Half-Day
- PCF** Private Care Full-Day
- PCH** Private Care Half-Day

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

First Steps: No Partial FS Funding Yes

DIAL 3: Language: _____ Concepts: _____ Motor: _____ Self-Help: _____ Social: _____ Screening Date: _____

Classroom Curriculum: High Scope Montessori Project Approach/Reggio Creative Curriculum
 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 Pilot 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 Pilot Program (CDEPP) 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 Pilot Program. If my child is placed in the Child Development Education Pilot 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 CDEPP 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, slides, negatives, or proofs of my child for use by the CDEPP.
- I *do not* authorize the reproduction of any photographs, videos, slides, negatives, or proofs my child for use by the CDEPP.

Signature of parent/guardian

Date