South Carolina Early Childhood Registration Form
2019–20 School Year

School and District Information

School:	School District:

Child Information

Last Name:	First Name:	Middle Name:

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

Date of Birth *(mm/dd/yy)*: __/_ _/__   Social Security Number *(Preferred but optional)*: _____-___-_____
Sex: ☐ M ☐ F   Federal Race/Ethnicity: Is the student Hispanic or Latino? ☐ Yes ☐ No
What is the student's race?   Check all appropriate.
☐ Asian   ☐ Black or African American   ☐ American Indian or Alaska Native
☐ Native Hawaiian or Other Pacific Islander   ☐ White   ☐ No response

Child lives with: ☐ both parents   ☐ mother ☐ father ☐ grandparent ☐ other (specify):

Home Address:

City:

County:	South Carolina	Zip Code:	Home Phone:

Mailing Address (if different from Home Address):

City:	County:	South Carolina	Zip Code:

Mother's/Guardian'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 high school diploma ☐ GED ☐ H.S. Diploma ☐ Associate Degree
☐ Bachelor's Degree ☐ Master's Degree ☐ Doctorate/PhD

Mother's/Guardian's email:

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

If different from child's information:

Street Address:

City:	County:	South Carolina	Zip Code:

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Home Phone:	Cell Phone:
Place of Employment:	Daytime Phone:
Father's/Guardian's email:	

Emergency Contact Information (other than parent/guardian information already provided)

Primary Contact Name:	Cell Phone:	
Relationship to Child:		
Daytime Street Address:		Daytime Phone:
City:	South Carolina	Zip Code:
Second Contact Name:	Cell Phone:	
Relationship to Child:		
Daytime Street Address:		Daytime Phone:
City:	South Carolina	Zip Code:

Child's Prior Care/Education Provider (5K students only) *Definitions of providers attached

Last year my child's care was provided by the following *public provider* (Check one):
☐ Unknown
☐ Head Start
☐ Child Development Education Program (CERDEP)
☐ Prekindergarten
My child attended the program **(check one)** ☐ full day ☐ partial day
Name of provider:

Last year my child's care was provided by the following *private provider* (Check one):
☐ Military Child Care Center
☐ Registered Faith-Based Center
☐ Registered Family Home Center
☐ Group Home
☐ Exempt Provider
☐ First Steps (CERDEP)
☐ Other Provider
My child attended the program **(check one)** ☐ full day ☐ partial day
Name of provider:

☐Last year my child's care was provided by an informal child care provider (at home, other family member, or non-family member)

Child's healthcare information

Did your child weigh less than 5.5 pounds at birth? ☐ Yes ☐ No

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My child receives regular medical care from: ☐ Health Clinic (Health Department)
☐Emergency Room   ☐Family Doctor   ☐Other

Name: Phone:

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:

Family Income Range

Number of persons in family or household:

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 primary language?

What language is primarily spoken in the home?

Family Literacy Services

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

Did your child ever participate in school district Family Literacy Services?   ☐ Yes ☐ No
If, "yes," please check how long: ☐ 1 Year   ☐ 2 Years   ☐ 3 Years   ☐ 4 or more years

Child's Special Needs

Does your child have a current Individual Education Program (IEP) or Section 504 plan? ☐ Yes   ☐ No

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

Child's Transportation

How do you anticipate your child will get to school? ☐ School Bus ☐ Car
☐ Child Care or Day Care Transportation   ☐ Not applicable

How do you anticipate your child will travel from school? ☐ School Bus to home address
☐ School Bus to different location ☐ Car ☐ Child Care or Day Care   ☐ Walk   ☐ Bicycle

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☐ Not applicable ☐ After School Program at School

Below is for District Use Only

ALL CHILDREN PARTICIPATING IN A CERDEP CLASSROOM MUST BE CODED WITH A <u>CERDEP</u> PROGRAM SERVICE CODE.

Early Childhood Placement: ☐ 3 year old class ☐ 4 year old class ☐ 5 year old class ☐ multi-age class

Classroom Type: ☐ FDS Full-Day ☐ PDS Partial-Day

Funding Source: ☐ State funded ☐ District funded ☐ Parent Pay

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

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

DIAL 3 or 4: (Indicate which) ____ Screening Date:_____
Scores: Motor:_____ Concepts: _____ Language: ____ Self-Help:____ Social: _____

Classroom Curriculum: ☐ Big Day in PreK ☐ Creative Curriculum ☐ High Scope ☐ InvestiGator
☐ Montessori ☐ World of Wonders

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 Country:_____ State Id #:
_____

Did the child participate in Countdown to Kindergarten (5K only)? ☐ Yes ☐ No

Reason the child was not served in 4K: ☐ lack of classroom space ☐ DIAL score ☐ lack of full day services
☐ Personnel ☐ Transportation ☐ Other

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<div align="center">**Definitions of Child Care Providers (Public)**</div>

South Carolina Child Early Reading Development and Education Program (CERDEP) – A public, state-funded, income based developmentally appropriate education program adhering to best practice, using research-based curriculum and assessment that must adhere to South Carolina Department of Social Services (DSS) regulations and South Carolina Department of Education (SCDE) Guidelines.

Prekindergarten (Half-day 4K) program in a public school – A district or federally funded developmentally appropriate half/partial day program for 4-year-olds adhering to best practice, using research-based curriculum and assessment that must adhere to district and/or federal guidelines.

Prekindergarten (Full-day 4K) program in a public school – A district or federally funded developmentally appropriate full-day program for 4-year-olds adhering to best practice, using research-based curriculum and assessment that must adhere to district and/or federal guideline.

Head Start – A program of the US Department of Health and Human Services that provides comprehensive early childhood education, health, nutrition, and parent involvement services to low income children and their families. Locate your local Head Start: https://www.benefits.gov/benefits/benefit-details/1938.

Unknown – Self-explanatory

<div align="center">**Definitions of Child Care Providers (Private)**</div>

Military Child Care Centers – On-post child care centers that offer full-day, partial day, or hourly child care services to military families that must be registered with DSS. Locate your local military child care centers: http://www.militaryonesource.mil/-/military-child-care-programs.

Registered Faith Based – Faith based care for 13 or more children that are sponsored by a religious organization that must be registered with DSS. Locate your local registered faith based providers: http://www.scchildcare.org/.

Registered Family Home – A family home that provides care for up to 6 children at any given time within the home of the child care provider that maintains a registration or license if a person provides care to more than one unrelated family of children on a regular basis (more than four hours a day or more than two days a week). Locate your local registered family home providers: http://www.scchildcare.org/.

Registered Group Home Provider – Group Homes provide care for 7–12 children in the home of the child care provider. They may care for up to 8 children without an additional caregiver. For details on registered group homes: http://www.scchildcare.org/providers/become-licensed/licensing-requirements/licensed-group-child-care-home.aspx.

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Exempt Provider – A child care provider that operate less than four hours a day or less than two days a week or care for children from only one unrelated family. It is not inspected by DSS Child Care Licensing and monitored only because they volunteer for ABC Quality. For details on exempt providers: http://scchildcare.org/providers/become-licensed/licensing-exemptions.aspx.

First Steps (CERDEP/CDEP) – A private state-funded, income based, developmentally appropriate education program adhering to best practice, using research-based curriculum and assessment that must adhere to DSS regulations and SCDE Guidelines. It is housed in a private, registered child care facility. Contact your local First Steps: http://scfirststeps.com/county-contact-page/.

Informal Child Care – Unregulated or licensed care provided by family or other caregiver that not subject to regulations or formal guidelines.

South Carolina Child Early Reading and Development Education Program
Parent/Guardian Consent Form

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 Early Reading and Development Education Program (CERDEP) 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 CERDEP. If my child is placed in CERDEP, 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: _____

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South Carolina Child Early Reading and Development Education Program
Additional 4K Options

South Carolina has a statewide partnership between public and private 4K providers. The private domain of this partnership is the Office of First Steps to School Readiness. First Steps serves four-year-old children in 46 counties in South Carolina.

The South Carolina Department of Education's Office of Early Learning and Literacy believes that children deserve an opportunity to participate in four-year-old kindergarten. In an effort to ensure that as many students are served in 4K as possible in South Carolina, please be advised that your contact information may be shared with other local 4K providers in a non-public setting. If your child is not placed in the Child Early Reading and Development Education Program (CERDEP) 4K in your local public school district, please understand that your contact information will be shared with the Office of First Steps to School Readiness and you may be contacted for opportunities for your child to attend the 4K program in a non-public school setting.

However, if you do not want your contact shared information with the Office of First Steps, check the box below.

☐　　　I do not want my contact information shared with the Office of First Steps.

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Family Income Eligibility Table
2019–20

Students eligible for the South Carolina Child Early Reading and Development Education Program (CERDEP) must provide evidence of either Medicaid eligibility or a documented family income at or below 185 percent of the Federal Poverty definition promulgated annually by the US Department of Health and Human Services.

Number of Persons in Family or Household	100% of Federal Poverty	185% of Federal Poverty
2	$16,910	$31,284
3	$21,330	$39,461
4	$25,750	$47,638
5	$30,170	$55,815
6	$34,590	$63,992
7	$39,010	$72,169
8	$43,430	$80,346

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Check list of 2019-2020 Required CERDEP Documentation

Check box if yes	Required student documentation includes:
☐	Proof of eligibility for residency
☐	Proof of eligibility for age
☐	Proof of income for family or Medicaid
☐	CERDEP registration form
☐	DHEC Immunization form
☐	DSS Form #2900 General Record and Statement of Child's Health for Admission
☐	DSS Form # 2930 Authorization for Intervention, Intervention, and Extracurricular Activities
☐	DIAL3 or DIAL-4 Parent Questionnaire
☐	DIAL3 or DIAL-4 scores
☐	CDEP Parent/Family Orientation Checklist, with signatures
☐	Quarterly Parent Reporting Documentation Form
☐	Assessment information from district selected assessment and date completed
☐	Discipline Policy, signed/dated
☐	Parent/teacher Agreement (last page of CERDEP Parent/Guardian Handbook)

DSS forms available here.
Click here for additional information about licensing.

Check box if yes	Required teacher and staff DSS documentation includes:
☐	Background check: DSS form #2924 – Central Registry Check, returned "clear"
☐	Background check: SLED and FBI "clear" review (after submitting fingerprint card, and DSS form #2647)
☐	Background check: Statement of Compliance, DSS form #2925, notarized.
☐	Basic information: Name, position, date of birth, hours/days employed
☐	Basic information: Signed discipline policy
☐	Experience and training information: Education and experience documentation- refer to DSS regulations for information
☐	Experience and training information: Required annual training documentation – print out www.sc-ccccd.net transcript
☐	Experience and training information: Current CPR/First Aid certification, as necessary.
☐	Medical information: Medical statement DSS form #2901, expires every 4 years.
☐	Medical information: TB test results, stating free of TB

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Check box if yes	Required teacher and staff DSS documentation includes:
☐	Medical information: Health assessment DSS form #2926, expires every 4 years

CERDEP Quarterly Parent/Family
Documentation Form

Schools are to report <u>at least quarterly</u> to the parent(s)/guardian(s) on his/her child's progress.

It is highly recommended that an orientation to CERDEP (ex: Back to School Night, home visits, etc.) be conducted as the first of these quarterly contacts to complete the Parent Orientation Checklist.

1.   First Parent/Family contact:
Type of contact: _____

Date of conference: _____

Comments/Notes: _____

Two of the quarterly contacts must include **documented parent-teacher conferences** during the school year that provide information including student progress as recorded on the assessment instrument. Conferences may occur in school or as a home visit. Please sign below to document that each Parent-Teacher Conference was held.

2.   Parent Signature: _____

Teacher Signature: _____

Date of Conference: _____

Comments: _____

3.   Parent Signature: _____

Teacher Signature: _____

Date of Conference: _____

Comments: _____

4.   The final child assessment report must be provided at the end of the school year. This report may be sent home, reviewed at a conference or home visit.

Date of Final Assessment or Summary Report: _____

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2019–20 CERDEP
Parent/Family Orientation Checklist

Check box if yes	Presentation Item from the Parent/Guardian Handbook
☐	CERDEP eligibility and enrollment requirements
☐	Attendance policy
☐	Classroom hours of operation and schedule
☐	Extended care or wrap around care options
☐	Transportation
☐	Behavior Management System
☐	Curriculum and assessment
☐	Health policies and records
☐	Family engagement and workshops, teacher conferences, communication, Parent/Guardian-Teacher Agreement
☐	Tour of school/classroom

Parent/Guardian Signature: _____

Date: _____