

South Carolina Early Childhood Registration Form
2020-21 School Year

School and District Information			
School:		School District:	
Child Information			
Last Name:	First Name:	Middle Name:	
Check if Applicable	Generation: <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> Jr. <input type="checkbox"/> Sr.		
Nickname:			
Date of Birth (mm/dd/yy):	__/__/__	Social Security number (Preferred but optional): _____ - ____ - _____	
Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Federal Race/Ethnicity: Is the student Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What is the student's race? Check all appropriate.			
<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> American Indian or Alaska Native	
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> No response	
Child lives with: <input type="checkbox"/> both parents <input type="checkbox"/> mother <input type="checkbox"/> father <input type="checkbox"/> grandparent <input type="checkbox"/> 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:
Parents/Guardians <input type="checkbox"/> both parents <input type="checkbox"/> mother <input type="checkbox"/> father <input type="checkbox"/> other (specify):			
Mother's/Guardian'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:	Cell Phone:		
Place of Employment:	Daytime Phone:		
Mother's Education (highest level) <input type="checkbox"/> Less than high school diploma <input type="checkbox"/> GED <input type="checkbox"/> H.S. Diploma <input type="checkbox"/> Associate Degree			
<input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctorate			
Mother's/Guardian's email:			
Father's/Guardian'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:	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 *Definitions of providers attached			
Last year my child's care was provided by the following <i>public provider</i> (Check one):			
<input type="checkbox"/> Unknown			
<input type="checkbox"/> Head Start			
<input type="checkbox"/> Child Development Education Program (CERDEP)			
<input type="checkbox"/> Prekindergarten			
My child attended the program (check one) <input type="checkbox"/> full day <input type="checkbox"/> partial day			
Name of provider:			
Last year my child's care was provided by the following <i>private provider</i> (Check one):			
<input type="checkbox"/> Military Child Care Center			
<input type="checkbox"/> Registered Faith-Based Center			
<input type="checkbox"/> Registered Family Home Center			
<input type="checkbox"/> Group Home			
<input type="checkbox"/> Exempt Provider			
<input type="checkbox"/> First Steps (CERDEP)			
<input type="checkbox"/> Other Provider			
My child attended the program (check one) <input type="checkbox"/> full day <input type="checkbox"/> partial day			
Name of provider:			
<input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No			

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 on 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, ESL), 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 Walk Bicycle 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

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: <input type="checkbox"/> 3 year Class <input type="checkbox"/> 4 year Class <input type="checkbox"/> 5 year Class <input type="checkbox"/> Multi-Age Classroom <input type="checkbox"/> Parent Pay <input type="checkbox"/> District funded 4K <input type="checkbox"/> State funded EIA 4K <input type="checkbox"/> State funded CERDEP/CDEP		
Student Identification Number: _____		
Program Entry Date: _____	Program Exit Date: _____	Reason for exit: _____
Income Verification Method (<input type="checkbox"/> Medicaid, <input type="checkbox"/> Free or Reduced Lunch, <input type="checkbox"/> W2 forms, <input type="checkbox"/> Pay Stubs, Other Income Verification Documented): _____		
Meals: Free or Reduced Lunch <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A if District enrolled in Community Lunch Program		
Classroom Type: <input type="checkbox"/> PDS District / School Based Full-Day <input type="checkbox"/> DSF District / School Based Half-Day		
Was child served by Head Start any time from birth to age 4? <input type="checkbox"/> Yes <input type="checkbox"/> No		
DIAL 3 or 4: (Indicate which) _____ Screening Date: _____		
Scores: Motor: _____ Concepts: _____ Language: _____ Self-Help: _____ Social: _____		
Classroom Curriculum: <input type="checkbox"/> Big Day in PreK <input type="checkbox"/> Creative Curriculum <input type="checkbox"/> High Scope <input type="checkbox"/> InvestiGator <input type="checkbox"/> Montessori <input type="checkbox"/> World of Wonders		
Readiness Assessment: <input type="checkbox"/> myIGDIs <input type="checkbox"/> PALS- Pre-K <input type="checkbox"/> Teaching Strategies GOLD <input type="checkbox"/> Other		
Medicaid: <input type="checkbox"/> Yes <input type="checkbox"/> No Medicaid Number _____ Medicaid Active <input type="checkbox"/> Yes <input type="checkbox"/> No * Copy of Medicaid Card attached <input type="checkbox"/>		
Migrant/Immigrant: <input type="checkbox"/> Yes <input type="checkbox"/> No Birth Country: _____ State Id #: _____		
Did the child participate in Countdown to Kindergarten? <input type="checkbox"/> yes <input type="checkbox"/> no		

Definitions of Child Care Providers (Public)

South Carolina Child Early Reading Development and Education Program

(CERDEP/CDEP) – A public, 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.

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

Definitions of Child Care Providers (Private)

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 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 to 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>

Exempt Provider – A child care provider that operate less than 4 hours a day or less than 2 days a week or care for children from only 1 unrelated family. It is not inspected by DSS Child Care

Amended August 2018

Licensing and monitored only because they volunteer for ABC Quality. For details on exempt providers: <http://scchildcare.org/providers/become-licensed/licensing-exemptions.aspx>

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

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/>

SC Child Development Education Project Parent/Guardian Consent Form (CERDEP Only)

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 Child Early Reading and Development Education Program. 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.

If my child is not placed in the Program, I agree that my contact information will be shared with the Office of First Steps to School Readiness and that I may be contacted for opportunities for my child to attend the Program in a non-public school setting.

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: _____

Amended August 2018

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	\$16,460	\$30,451
3	\$20,780	\$38,443
4	\$25,100	\$46,435
5	\$29,420	\$54,427
6	\$33,740	\$62,419
7	\$38,060	\$70,411
8	\$42,380	\$78,403

Check list of 2019–20 Required CERDEP Documentation

Check box if yes	Required student documentation includes:
<input type="checkbox"/>	Proof of eligibility for residency
<input type="checkbox"/>	Proof of eligibility for age
<input type="checkbox"/>	Proof of income for family or Medicaid
<input type="checkbox"/>	CERDEP registration form
<input type="checkbox"/>	DHEC Immunization form
<input type="checkbox"/>	DSS Form #2900 General Record and Statement of Child’s Health for Admission
<input type="checkbox"/>	DSS Form # 2930 Authorization for Intervention, Intervention, and Extracurricular Activities
<input type="checkbox"/>	DIAL3 or DIAL-4 Parent Questionnaire
<input type="checkbox"/>	DIAL3 or DIAL-4 scores
<input type="checkbox"/>	CDEP Parent/Family Orientation Checklist, with signatures
<input type="checkbox"/>	Quarterly Parent Reporting Documentation Form
<input type="checkbox"/>	Assessment information from district selected assessment and date completed
<input type="checkbox"/>	Discipline Policy, signed/dated
<input type="checkbox"/>	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:
<input type="checkbox"/>	Background check: DSS form #2924 – Central Registry Check, returned “clear”
<input type="checkbox"/>	Background check: SLED and FBI “clear” review (after submitting fingerprint card, and DSS form #2647)
<input type="checkbox"/>	Background check: Statement of Compliance, DSS form #2925, notarized.
<input type="checkbox"/>	Basic information: Name, position, date of birth, hours/days employed
<input type="checkbox"/>	Basic information: Signed discipline policy
<input type="checkbox"/>	Experience and training information: Education and experience documentation- refer to DSS regulations for information
<input type="checkbox"/>	Experience and training information: Required annual training documentation – print out www.sc-ccc.edu transcript
<input type="checkbox"/>	Experience and training information: Current CPR/First Aid certification, as necessary.
<input type="checkbox"/>	Medical information: Medical statement DSS form #2901, expires every 4 years.
<input type="checkbox"/>	Medical information: TB test results, stating free of TB
<input type="checkbox"/>	Medical information: Health assessment DSS form #2926, expires every 4 years

Amended August 2018

**CERDEP Quarterly Parent/Family
Documentation Form**

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

It is highly recommended that an orientation to CDEP (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: _____

2019-20 CERDEP

Parent/Family Orientation Checklist

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

Parent/Guardian Signature: _____

Date: _____