
What You Need for Registration

1. Birth Certificate

2. Immunization Record

3. Medicaid Card

4. Proof of Residence (one of these)

-lease agreement

-mortgage statement

-property taxes

-affidavit (if you are living with someone else)

5. Utility (one of these)

-power bill

-gas bill

-cable bill

-water bill

*Driver's license MUST match your current address

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: 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: _____

Parents/Guardians both parents mother father other (specify): _____

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) Less than high school diploma GED H.S. Diploma Associate Degree
 Bachelor's Degree Master's Degree Doctorate

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: _____

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 and full day/partial day are attached

Last year my child's care was provided by the following *public provider* (Check one):

Head Start

Prekindergarten at a public school

Unknown

My child attended the program (check one) full day partial day

Name of provider: _____

Last year my child's care was provided by a *private provider* (see attached examples of private providers)

My child attended the program (check one) full day partial day

Name of provider: _____

Last year my child's care was provided in a home by an informal child care provider (Check one):

Parent or relative

Non-relative

Child's healthcare information

Did your child weigh less than 5.5 pounds at birth? Yes 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 CERDEP PROGRAM SERVICE CODE.

Early Childhood Placement: 3 year Class 4 year Class 5 year Class Multi-Age Classroom
 Parent Pay District funded 4K State funded EIA 4K State funded CERDEP/CDEP

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:

- FDS District / School Based Full-Day
- PDS District / School Based Partial-Day

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? yes no

Definitions of Full Day and Partial Day Care

Full Day – A full day program is one in which students attend for 6.5 hours or more a day.

Partial Day – A partial day program is one in which students attend for less than 6.5 hours a day.

Definitions of Public Child Care Providers

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>

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

Unknown – Self-explanatory

Examples of Private Child Care Providers¹

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 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

¹ On the registration form, you do not have to provide the specific type of private childcare; these examples are listed as reference.

regulations and SCDE Guidelines. It is housed in a private, registered child care facility. Contact your local First Steps: <https://scfirststeps.org/who-we-are/local-partnerships/>

Definitions of Informal Child Care

Relative: Informal Child Care – Unregulated or licensed care provided by family that is not subject to regulations or formal guidelines.

Non-Relative: Informal Child Care – Unregulated or licensed care provided by another caregiver (non-relative) that is not subject to regulations or formal guidelines.

**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 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 confidentiality. 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: _____

**Family Income Eligibility Table
2020–21**

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	\$17,240	\$31,894
3	\$21,720	\$40,182
4	\$26,200	\$48,470
5	\$30,680	\$56,758
6	\$35,160	\$65,046
7	\$39,640	\$73,334
8	\$44,120	\$81,622

South Carolina Department of Social Services
Child Care Regulatory Services

**GENERAL RECORD AND STATEMENT OF CHILD'S HEALTH FOR ADMISSION
TO CHILD CARE FACILITY**

This form is to be completed for each child at the time of enrollment in the child care facility, updated as needed when changes occur, and maintained on file at the facility.

GENERAL INFORMATION: (to be completed by Parent or Guardian)

Name of Facility: _____ County: _____ Select County ...

Address: _____
Street Address – no Post Office Boxes City, State, Zip

Child's Name: _____
Last First Middle Initial Nick Name

Date of Birth: _____ Enrollment Date: _____

Child's Current Home Address: _____
Street Address City, State, Zip

Parent/Guardian's Full Name: _____

Home Phone: _____ Work Phone: _____ Other Phone: _____

Parent/Guardian's Full Name: _____

Home Phone: _____ Work Phone: _____ Other Phone: _____

You must have two individuals who have the authority to obtain emergency medical treatment for the child.

1. Person responsible if parent/guardian unavailable for emergency medical services:

Full Name Relationship
Address: _____
Street Address City, State, Zip
Telephone Number(s): _____ Family Code Word(s): _____

2. Person responsible if parent/guardian unavailable for emergency medical services:

Full Name Relationship
Address: _____
Street Address City, State, Zip
Telephone Number(s): _____ Family Code Word(s): _____

Is Child currently enrolled in school? (5K up to 6 years old) Yes No

My Child will regularly attend this facility **FROM** _____ am/pm **TO** _____ am/pm

If Child is a drop-in, indicate hours of care: **FROM** _____ am/pm **TO** _____ am/pm

Check all days Child will regularly attend this facility: Mon Tue Wed Thurs Fri Sat Sun

Check all meals Child will receive daily: Meals are not offered Breakfast Morning Snack Lunch

Afternoon Snack Dinner Evening Snack

HEALTH INFORMATION: (to be completed by Parent or Guardian)

Family Physician or Health Resource: _____
Name

Street Address City, State, Zip Telephone

Emergency Care Provider: _____
Emergency Facility Name

Street Address City, State, Zip Telephone

Dental Care Provider: _____
Name

Street Address City, State, Zip Telephone

Health Insurance Provider: _____

Certificate of Immunization: Yes No N/A Please explain: _____

My child has the following health conditions such as allergies, asthma, diabetes, epilepsy, etc., and/or takes the following medications on a regular basis:

Additional Comments: _____

I certify that to the best of my knowledge _____
Child's Name

is in good mental and physical health and able to participate in the child care program at

Name of Child Care Facility

Signature: _____ Date: _____
Parent or Guardian

Signature: _____ Date: _____
Director/Operator/Staff Designee

South Carolina Department of Social Services
Child Care Licensing
**AUTHORIZATION FOR INTERVENTION, THERAPY AND
EXTRACURRICULAR ACTIVITIES**

I authorize _____ to remove
Name of Person/Entity Providing Activity

_____/_____
Name of Child / Child's Date of Birth

from _____ and/or its programs from
Name of Child Care Facility

_____ to _____ on _____
Time Time Dates/Period of Service (See instructions below)

for the purpose of participating in _____ . I am aware that
Type of Activity

while participating in _____ , my child **will not** be supervised
Type of Activity

by a qualified staff person employed by _____ .
Name of Child Care Facility

I am also aware that, _____ and its employees
Name of Person/Entity Providing Activity

are not required to adhere to laws governing _____
Name of Child Care Facility

including, but not limited to laws governing staff to child ratios, supervision, background checks, and educational training.

Parent/Guardian's Signature Date

Child Care Facility Director's Signature Date

Person Providing Activity's Signature Date

Instructions:

This form must be completed and signed by all parties before providing services or activities. Beginning and ending dates should be used to show when the service or activity is being provided. If the service or activity continues for more than a year from the date it is signed, the form must be renewed.

Policy Acknowledgement Form

2020-2021

Federal guidelines require us to have on file, the acknowledgement of receiving the Franklin School 4K Handbook.

School policies have been shared in this Handbook. As a staff member/parent, I have read and understood all policies relating to the operation of this facility, The Franklin School 4K.

Signature

Date

Appendix A: Parent/Guardian and Teacher Agreement
Spartanburg School District 7 The Franklin School (Cleveland K4)
Parent/Guardian and Teacher Agreement

The schools that are participating in Child Early Reading Development Education Program (CERDEP) truly believe that parents are their child's first and most important teachers. The selected schools see their role as that of a partner. The Parent/Guardian and Teacher agreement symbolizes this partnership. It is a document that outlines how parents and teachers can share the responsibility for the success of each child.

As a parent/guardian, I, _____ will strive to:

- Believe my child can learn;
- Demonstrate that I value education and that school is important;
- Ensure my child attends school regularly and is on time;
- Set aside time each day to talk with my child about his or her learning;
- Read to my child daily and allow my child to see me read daily;
- Provide a home environment that encourages my child to do his/her best;
- Provide structured sleeping and eating habits; and
- Attend parent/guardian and teacher conferences.

As a teacher, I, insert teacher name here, will strive to:

- Believe that each child can learn and demonstrate a "growth mindset";
- Respect and value the uniqueness of each child and his or her family;
- Provide a safe environment that promotes active hands-on learning;
- Provide frequent communication with newsletters, reports, and telephone calls;
- Seek ways to involve parents in the school program;
- Schedule parent-teacher conferences to accommodate parents schedules; and
- Welcome the participation of parents and guardians in the classroom and their support in helping their children succeed.

Parent/guardian signature _____

Date _____