

Midlands STEM Charter School

26~27

PreK4 Enrollment Package



South Carolina Early Childhood Registration Form 2026–27 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 (<i>mm/dd/yy</i>): __/__/__ Social Security number (<i>Preferred but optional</i>): ____ - ____ - ____			
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 (<i>highest level</i>) <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 and full day/partial day are attached (K5 students only)			
Last year my child's care was provided by the following <i>public provider</i> (Check one): <input type="checkbox"/> Head Start <input type="checkbox"/> Prekindergarten at a public school <input type="checkbox"/> Unknown 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 a <i>private provider</i> (see attached examples of private providers) 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 in a home by an informal child care provider (Check one): <input type="checkbox"/> Parent or relative <input type="checkbox"/> Non-relative			
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: <input type="checkbox"/> Health Clinic (Health Department) <input type="checkbox"/> Emergency Room <input type="checkbox"/> Family Doctor <input type="checkbox"/> 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: <input type="checkbox"/> \$0-\$10,000 <input type="checkbox"/> \$10,001-\$20,000 <input type="checkbox"/> \$20,001-\$30,000 <input type="checkbox"/> \$30,001-\$40,000 <input type="checkbox"/> \$40,001-\$50,000 <input type="checkbox"/> \$50,001-\$60,000 <input type="checkbox"/> \$60,000 and above			

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 Tuition

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

Is the student being placed in Head Start? ☐ Yes ☐ No

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

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

Classroom Curriculum: ☐ Creative Curriculum ☐ FrogStreet Pre-K ☐ High Scope ☐ InvestiGator
☐ Montessori ☐ Scholastic Pre-K My Way ☐ World of Wonders

Readiness Assessment: ☐ myIGDIs ☐ 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://eclkc.ohs.acf.hhs.gov/how-apply>

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 – 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: <https://scfirststeps.org/who-we-are/local-partnerships/>

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

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: _____

**South Carolina Child Early Reading and Development Education Program
Additional 4K Options (CERDEP only)**

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 the 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 other state agencies. 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 information shared with the Office of First Steps and other state agencies, check the box below.

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

Family Income Eligibility Table
2026-2027

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	\$21,640.00	\$40,034.00
3	\$27,320.00	\$50,542.00
4	\$33,000.00	\$61,050.00
5	\$38,680.00	\$71,558.00
6	\$44,360.00	\$82,066.00
7	\$50,040.00	\$92,574.00
8	\$55,720.00	\$103,082.00

For families/households with more than 8 persons, add \$5,680 for each additional person.

Check list of 2026-27 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"/>	DIAL3 or DIAL-4 Parent Questionnaire
<input type="checkbox"/>	DIAL3 or DIAL-4 scores
<input type="checkbox"/>	CERDEP Quarterly Parent Reporting Documentation Form (See Appendix A)
<input type="checkbox"/>	CERDEP Parent/Family Orientation Checklist, with signatures (See Appendix B)
<input type="checkbox"/>	Parent/teacher Agreement (last page of CERDEP Parent/Guardian Handbook – See Appendix C)
<input type="checkbox"/>	Assessment selected information submitted to the Office of Assessment

While DSS regulations are suspended under proviso 1.48, please be sure you have any necessary teacher employment documentation as required.

Appendix A: 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 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. Parent Signature: _____
Teacher Signature: _____
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: _____

**Appendix B: 2026-27 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: _____

Appendix C: Parent/Guardian and Teacher Agreement

Insert district/school logo and contact information here

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 _____



Enrollment Survey: Section I

Section I: This portion of the Enrollment Survey (ES) must be completed for *all* students upon first-time enrollment in South Carolina public schools and at registration each year.

Information collected within the ES is strictly for educational and program purposes. A local educational agency (LEA) must comply with Family Educational Rights and Privacy Act (FERPA) guidelines. Under federal law, all children, regardless of their citizenship or residency status, are entitled to equal access to free public education.

Student Name: _____
Date of Birth: _____
Today's Date: _____

Right to Translation and Interpretation Services

All families have the right to information about their student's education in a language they understand. An interpreter and translated documents **must** be provided by the district, free of charge when needed.

In what language(s) would your family prefer to communicate with the school?

Oral Communication Language(s): _____

Written Communication Language(s): _____

Title I, Part C: Education of Migratory Children & Youth

The Education of Migratory Children/Youth (MEP) is authorized by Title I, Part C of the Elementary and Secondary Education Act (ESEA), as amended by Every Student Succeeds Act (ESSA) of 2015. The MEP provides various educational services to families who work in agriculture and their children between the ages (0-21). This program is **free** to all eligible families and may include tutoring, free lunch eligibility, summer programs, parental involvement activities, and referrals to other services as needed.

In the last three (3) years, has anyone in your family moved from another school district, state, city, or country? Yes ☐ No ☐

In the past six (6) years, has anyone in your family worked in any of the following occupations? This includes work related to logging, timber planting/growing, harvesting, food processing plant (such as poultry, pork, beef, or vegetable), packing houses (fruits and vegetables), dairy farms, or other general farm work not listed. Yes ☐ No ☐



McKinney-Vento

This survey complies with the McKinney-Vento Act, U.S.C. 42 11431 *et seq.* Your answers will help determine if the student meets eligibility requirements for **free** services and educational rights provided under the McKinney-Vento Act, including immediate school enrollment, even if lacking required documents. Based on the residency option selected, this survey will be submitted to the district McKinney-Vento Liaison to determine eligibility.

What best describes where you live now?

- | | |
|---|--|
| <input type="checkbox"/> Single-family house/apartment/trailer | <input type="checkbox"/> In a residence with inadequate facilities (no water, no heat, no electricity, no plumbing, overcrowded, infested, etc.) |
| <input type="checkbox"/> Transitional Housing | <input type="checkbox"/> Agricultural camp |
| <input type="checkbox"/> Living with others due to loss of housing or economic hardship | <input type="checkbox"/> Shelter |
| <input type="checkbox"/> Moving from place to place/couch surfing | <input type="checkbox"/> Displaced by a natural disaster (hurricane, flood, etc.) |
| <input type="checkbox"/> Car, park, or similar location | Disaster: _____ |
| <input type="checkbox"/> Motel | <input type="checkbox"/> Displaced due to COVID-19 |
| <input type="checkbox"/> Camping grounds | <input type="checkbox"/> Other: _____ |



Enrollment Survey: Section II

Section II: This portion of the Enrollment Survey must be completed for *all* students upon first-time enrollment in South Carolina public schools and is not completed annually at registration.

Title III, Part A: Multilingual Learner Program (MLP) and Immigrant Children and Youth

The MLP program complies with Title III, Part A of the ESEA, as amended by ESSA. The MLP program provides various educational services to multilingual learners (MLs) and immigrant children and youth who may speak languages other than English. This program is **free** to all eligible students and provides support for language acquisition.

Home Language Survey (HLS)

School districts and charter schools are required to determine the language(s) spoken in each student's home to identify their specific language needs. The purpose of the HLS is to determine the primary or home language of the student and is given to all students one time at initial enrollment in a South Carolina public school district or charter school and should remain in the student's permanent record.

Information about the student's language helps to identify students who qualify for **free** support to develop the English language skills necessary for success. English language proficiency (ELP) testing may be necessary to determine if the student is eligible for language supports if a language other than English is recorded for any of the three HLS questions below. If the student qualifies, they will be entitled to services as an ML and will be assessed annually to determine their English language proficiency.

Families must fully understand the purpose and intent of the HLS and MLP program. **If you have any questions, you may contact your district's Title III/MLP Coordinator before completing the HLS.**

1. What is the language(s) that the **student** first acquired? _____
2. What language(s) is spoken most often by the **student**? _____
3. What is the **primary language(s) used in the home**, regardless of the language(s) spoken by the student? _____

Prior Education

In accordance with *Phyller v. Doe*, this form does not inquire about the immigration status of the student or family. The purpose of this form is to collect information about your student's prior education and pre-existing knowledge and skills.

Has the **student** received English language development support in a previous school? Yes ☐ No ☐ Don't Know ☐

In what country was the **student** born? _____

If born outside of the United States, District of Columbia, or the Commonwealth of Puerto Rico, when did the **student** first attend a school in the United States?

Month _____ Day _____ Year _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Your signature certifies you have read the Title III, Part A information above and completed it to the best of your knowledge.