

**2025-2026**

**4K**

**Registration Form**

# South Carolina Early Childhood Registration Form 2024-2025 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: |
| GuG |
| 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 (K5 students only) |
| 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 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 |
| 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 On 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 Providers[[1]](#footnote-1)**

**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/>

**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 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 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 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.

**Family Income Eligibility Table**

**2024-2025**

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](https://aspe.hhs.gov/poverty-guidelines) 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 | $19,720 | $36,482 |
| 3 | $24,860 | $45,991 |
| 4 | $30,000 | $55,500 |
| 5 | $35,140 | $65,009 |
| 6 | $40,280 | $74,518 |
| 7 | $45,420 | $84,027 |
| 8 | $50,560 | $93,536 |

For families/households with more than 8 persons, add $5,140 for each additional person.

**Check list of 2024-2025 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 |
|  | DIAL3 or DIAL-4 Parent Questionnaire |
|  | DIAL3 or DIAL-4 scores |
|  | CERDEP Quarterly Parent Reporting Documentation Form (See Appendix A) |
|  | CERDEP Parent/Family Orientation Checklist, with signatures (See Appendix B) |
|  | Parent/teacher Agreement (last page of CERDEP Parent/Guardian Handbook – See Appendix C) |
|  | Assessment selected information submitted to the Office of Assessment |

While DSS regulations are suspended under proviso 1.56, 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: 2024-25 CERDEP

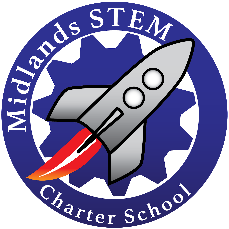
# Parent/Family Orientation Checklist

| 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­

# Appendix C: Parent/Guardian and Teacher Agreement



112 Crane Street, Winnsboro, S.C. 29180

P) 803-815-1524  F) 803-712-4958

**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, **Georgia Harris**, 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. On the registration form, you do not have to provide the specific type of private childcare; these examples are listed as reference. [↑](#footnote-ref-1)