Student Application for 2019-2020 First Steps Four-Year-old Kindergarten (4K)

South Carolina First Steps to School Readiness is now accepting applications for four-year-old kindergarten as part of the South Carolina Child Early Reading Development and Education Program.
To qualify your child must:

- **Be four years of age on or before Sept. 1, 2019,**
- **Be eligible free/reduced-price lunch OR Medicaid, AND**
- **Live in one of the 64 eligible school districts:**

The following are the current <u>eligible</u> school districts:

Abbeville	**Dillon 3, 4**	**Marion**
Aiken	**Dorchester 4**	**Marlboro**
Allendale	**Edgefield**	**McCormick**
Anderson 2, 3, 5	**Fairfield**	**Newberry**
Bamberg 1, 2	**Florence 1, 2, 3, 4, 5**	**Oconee**
Barnwell 19, 29, 45	**Georgetown**	**Orangeburg 3, 4, 5**
Berkeley	**Greenwood 50, 51, 52**	**Richland 1**
Cherokee	**Hampton 1, 2**	**Saluda**
Chester	**Horry**	**Spartanburg 3, 4, 6, 7**
Chesterfield	**Jasper**	**Sumter**
Clarendon 1, 2, 3	**Kershaw**	**Union**
Calhoun	**Laurens 55, 56**	**Williamsburg**
Colleton	**Lee**	**York 1**
Darlington	**Lexington 2, 3, 4**	

We invite you to complete and submit the attached application for your child. For your application to be considered, you must **fill in all sections** of the application and **provide all required documentation**.

Please use this checklist below to ensure your application is COMPLETE:
____ Copy of child's certified birth certificate (age 4 on or before Sept. 1, 2019)
____ Copy of child's Medicaid card (if your child receives Medicaid) **OR** Proof of Income (pg. 5)
    _____Page 5 is completed when no Medicaid card is provided and proof of family income is required–
    Proof of income may be copies of pay stubs, 2018 tax returns, or W-2 forms
____ Two (2) proofs of residency (**we will accept utility bills, tax bill, rental agreement, etc.**)
    _____ Affidavit of Residency may be completed if residency proofs are not in parent/guardian name.
    All centers have a blank or request one from the offices of C First Steps.
____ Copy of current child's SC Certificate of Immunization.
____ Pages 2-4 completed of this application. (Only complete pg. 5 if NO Medicaid card)

ALL sections must be completed and signed,
with all documents attached before turning in to the center for approval.

Centers will only submit <mark>fully completed applications</mark> with all documents to the SC First Steps 4K office for approval.

FS 4K office use only   Date Application Received _____

BC_____   Medicaid card _____ or Income _____ Aff_____ Res Proof 1 _____ 2 _____ SC Imm Cert _____

Date Approved by FS office: _____   Approver: _____ CPID # _____

<u>2019- 2020</u>   4K Student Application

School a Child Learning Center
(CENTER NAME)

First date of attendance for this student: (Center to fill in/ SCFS 4K to approve)**: _____**

Today's Date_____

Child's Name on legal Birth Certificate:

First: _____   Middle: _____   Last: _____

(Circle One) **Male Female**	**Date of Birth: _____** Month Day Year	Child's Social Security Number (Not Mandatory): _____ - _____ - _____

Federal Race/Ethnicity: Is the student Hispanic or Latino? ☐ **Yes**   ☐ **No**

What is the student's race (you may check more than one)? ☐ American Indian or Native American ☐ Asian

☐ Black / African American ☐ Hawaiian / Pacific Islander   ☐ White   ☐ Multiracial

Migrant/Immigrant: ☐ **Yes** ☐ **No   Birth Country: _____   State ID #: _____**

Home address (Physical):

Street: City: State: Zip code:

What school district is this residence in? _____

Mailing address, *if different:* Street or P.O. Box: City: State: Zip code:

What is the child's English proficiency? ☐ English Speaking   ☐ Very Little English   ☐ No English

What language did the child learn first? _____

What language is used most in the home? _____

Last year the child was cared for by a (circle one): Child Care Center   Home Care facility   Head Start Center   Non-Family Member   Family

Child's Legal Guardian (primary custody): Both Parents   Mother   Father   Grandparent(s)   Other_____

Child lives with: Both Parents   Mother   Father   Grandparent(s)   Other_____

Primary Parent/Guardian NAME: (First, Middle, Last)	**Gender** ☐ Male ☐ Female	**Relationship to Child: _____** (Ex. Mother, Father, Step-Parent, Grandparent, Foster Parent, Aunt, Uncle, etc.)

Address (If different from the child's address):

Cell Phone: (__)_____   Home Phone: (___) _____   Email _____

Place of Employment: _____   Work Phone: (   )   **Parent Birthdate:**
☐ *Check box if unemployed*

Education: ☐ No H.S. Diploma *last grade finished*: _____   ☐ GED   ☐ High School Diploma
☐ Associate Degree   ☐ Bachelor   ☐ Master or above

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CHILD Name: _____

Secondary Parent/Guardian NAME : (First, Middle, Last)	Gender ☐ Male ☐ Female	Relationship to Child: _____ (Ex. Mother, Father, Step-Parent, Grandparent, Foster Parent, Aunt, Uncle, etc.)

Address (If different from the child's address):

Cell Phone: (___) _____   Home Phone: (___) _____   Email: _____

Place of Employment: _____ ☐ *Check box if unemployed*	Work Phone: ( )	**Parent Birthdate:**

Education: ☐ No H.S. Diploma- *last grade finished:*_____   ☐ GED   ☐ High School Diploma
☐ Associate Degree   ☐ Bachelor   ☐ Master or above

Emergency Contact Information

Who is to be called in the event of an emergency for the child if no answer from the above parents/guardians?

Name: _____   Relationship to the child? _____

Cell Phone (___)_____   Home Phone (___)_____   Work Phone (___)_____

MEDICAL AND DEVELOPMENTAL CHILD INFORMATION

Is your child eligible for Medicaid?	☐ Yes If yes, have you provided a copy of the Medicaid card? _____ ☐ No
Has your child ever had any serious injuries or illnesses?	☐ Yes. If yes, explain _____ _____ ☐ No
Does your child have any health concerns or problems? (check all that apply)	☐ Has received services from BabyNet in the past ☐ Has chronic health condition. Circle all that apply: *Asthma Diabetes Arthritis Epilepsy Heart Trouble Sickle Cell Anemia* ☐ Other diagnosed condition(s) requiring treatment: _____ ☐ Under the care of a doctor now, specify: _____ ☐ No significant health concerns
Does your child have any allergies?	☐ Medication, specify: _____ ☐ Food, specify: _____ ☐ Insects/Animals, specify: _____ ☐ Dust, Mold, Mildew, specify: _____ ☐ Other, specify: _____
Did your child have a low birth weight (5.5 pounds or less)?	☐ Yes (child's birth weight was *5.5 pounds or less*) ☐ No (birth weight was *more than 5.5 pounds*)
Has your child been identified with a disability?	☐ Child has been identified with a disability, specify the diagnosis _____ ☐ No
Is your child receiving services related to his/her disability?	☐ Yes , please list the agency/organization:_____ ☐ No disability	**Does your child have an active Individualized Education Plan (IEP)?** ☐ Yes ☐ No
Are there special accommodation(s) that may be required to meet the child's needs most effectively while he or she is at school?		

CHILD Name: _____

☐ I verify all information to be correct on this application, and I understand that completion of this form does not guarantee placement in a SC First Steps 4K class.

☐ If my child is placed in the SC 4K Program, I agree that my child will **attend the class for 6.5 hours each day, five days a week, for the 180-day school year according to the First Steps 4K Calendar for 2018-2019 (Or extended hours/days if the class offers)**. I understand that failure to comply with these attendance requirements could result in disenrollment.

☐ I understand that **I cannot register my child without appropriate age documentation**. I have provided a **certified birth certificate** to be copied and attached to this registration form.

_____   _____
<mark>Signature of Parent or Legal Guardian</mark>   <mark>Date</mark>

PARENT/GUARDIAN CONSENTS
ALL SECTIONS MUST BE SIGNED AND DATED IN ORDER FOR THE CHILD TO BE APPROVED

APPLICATION

I certify that I am the Parent/Legal Guardian of the child for whom this application is being made. I verify the above information to be correct and true. I grant permission for the release of data contained in this application to appropriate State agencies for the purpose of ensuring children are not receiving duplicative benefits from other South Carolina agencies. Such data will be shared exclusively for this purpose and in full compliance with State and federal law. .

In addition, I understand that the First Steps 4K program is publicly-funded by the state of South Carolina and that, as a condition of participation, my child will be assigned a student identification number by the SC Department of Education. This student identification number will enable the state to identify his/her participation in this and other public education programs and to include his/her student data in analyses designed to measure the benefits of the program and to examine the attributes and progress of groups of South Carolina students. I understand that all data collected are subject to the provisions of the Family Educational and Privacy Act (FERPA) as well as South Carolina statutes and regulations protecting individual privacy and confidentiality, and that individual student information will not be reported.

_____   _____
<mark>Signature of Parent or Legal Guardian</mark>   <mark>Date</mark>

PHOTOGRAPH/VIDEOTAPE RELEASE

South Carolina First Steps to School Readiness, to include all First Steps county partnerships (First Steps), may take photos or video tape children in the 4K Program. These photos and/or tapes may appear on printed materials such as brochures, newsletters, news reports, stories, on the First Steps website or used for training. Any photograph, photo transparency, drawing or other illustrative graphic material, audio-visual tape or audio-visual illustration, news report, story or article may be used without my prior examination of the finished product.

By checking the "YES" box below, I grant to First Steps perpetual right in and to any use of such photographs, whether through its own facilities or those of other agencies or organizations to whom it subsequently grants use. However, First Steps may grant permission only where it considers any intended use to be in good taste and appropriate to the objectives of First Steps. I also agree that First Steps shall not be required to include any credit identifying any person(s) in the use of the photographs.

(Place a checkmark in ONE of the boxes below)

☐ YES. I authorize the reproduction and release of photographs, videos, slides, negatives or proofs of my child for use by First Steps 4K Program.

☐ NO. I *do not* authorize the reproduction and use of photographs, videos, slides, negatives or proofs of my child for use by First Steps 4K Program.

_____   _____
<mark>Signature of Parent or Legal Guardian</mark>   <mark>Date</mark>

CHILD Name: _____

<table>
<tr><td colspan="3">Household Information: The Household Total Annual Income includes <u>ALL</u> members that live in the house and their annual income, this may include spouses, parents, guardians, grandparents, uncles, aunts, etc.</td></tr>
<tr>
<td>Check all of the <u>child's immediate</u> family members that live in the household:

☐ Guardian(s), how many _____
☐ Mother
☐ Father
☐ Sister(s), how many _____
☐ Brother(s), how many _____

Number of immediate family members in household:

    A. _____ (include applying student)</td>
<td>Check other members of the household:
☐ Grandmother(s), how many _____
☐ Grandfather(s), how many _____
☐ Aunt(s), how many _____
☐ Uncle(s), how many _____
☐ Cousin(s), how many _____
☐ Other(s), specify: _____

Total number of others living in the household:

B. _____</td>
<td>TOTAL number of people living in the house:

(Add both A. and B.) =

_____</td>
</tr>
</table>

Household TOTAL Annual Income

Verification of income **must include income documentation** for **one month or a year**. Examples are pay stubs, tax return, a letter from DSS TANF worker documenting income, or a letter from employer.

Source	Gross Pay Amount (before taxes)	Pay Frequency (Every 2 weeks, monthly, semi-monthly, etc.)	Annual Income
☐ Current paystubs (**primary** caregiver)			
☐ Current paystubs (**secondary** caregiver)			
☐ Unemployment			
☐ AFDC/TANF			
☐ Child support			
☐ Pension/Retirement (**primary** caregiver)			
☐ Pension/Retirement (**secondary** caregiver)			
☐ Social Security (**primary** caregiver)			
☐ Social Security (**secondary** caregiver)			
☐ Other:_____			
		TOTAL:	

I have supplied copies of documentation for all income listed on this form.

Parent/Guardian Signature: _____ **Date:** _____