

**South Carolina Child Development Program (CDEP)
4-K Registration Form
2016–2017 School Year**

CDEP Half Day Non-CDEP Full Day Non-CDEP

SCHOOL and DISTRICT		
School:	School District:	
CHILD		
Last Name:	First Name:	Middle Name:
Check if Applicable: <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> Jr. <input type="checkbox"/> Sr.		
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 Did your child weigh less than 5.5 lbs. at birth? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Federal Race/Ethnicity: Is the student Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What is the student's race?		
<input type="checkbox"/> American Indian <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian-Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> No response		
Street Address:		
City:		
County:	Home Phone:	South Carolina Zip Code:
Mailing Address if Different:		
City:	County:	South Carolina Zip Code:
PARENTS/GUARDIANS		
Mother'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"/> No H.S. Diploma <input type="checkbox"/> GED <input type="checkbox"/> H.S. Diploma <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Ph. D		
Father'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 Education (<i>highest level</i>) <input type="checkbox"/> No H.S. Diploma <input type="checkbox"/> GED <input type="checkbox"/> H.S. Diploma <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Ph. D		

EMERGENCY CONTACT INFORMATION

Primary Contact Name:

Cell Phone:

Daytime Street Address:

Daytime Phone:

City:

State:

South Carolina Zip Code:

Second Contact Name:

Cell Phone:

Daytime Street Address:

Daytime Phone:

City:

State:

South Carolina Zip Code:

CHILD'S BASIC CAREChild's living arrangements: both parents mother father other _____Child's legal guardian: both parents mother father other(specify)_____ Last year my child attended a child care center. (*Name of Center:* _____) Last year my child attended a Head Start center. (*Name of Center:* _____) Last year my child attended a home day-care facility. (*Name of Facility:* _____) Last year my child was at home with a family member. Last year my child was at home with a non-family member.**CHILD'S PRIMARY HEALTH SOURCE**My child receives regular medical care from: C=Free Health Clinic (Free Health Dept.) E=Emergency Room F=Family Doctor O=Other

Name: _____ Phone: _____

FAMILY/HOME INFORMATION

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 English proficiency? English speaking Very little English No English

What is the child's primary language? _____

If non English speaking, what language did the child first learn? _____

What language is primarily spoken in the home? _____

FAMILY LITERACY SERVICE

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 No OneDid your child ever participate in school district Family Literacy Services? Yes NoIf, Yes, Check how long? Under 1 Year 1-2 Years 2-3 Years 3-4 Years

CHILD'S SPECIAL NEEDS

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: _____

Student's Disability Status: None Emotional Learning Speech Physical OtherDoes your child have an Individual Education Plan (IEP)? Yes NoHow do you anticipate your child will get to and from school? School Bus Car Child Care or Day Care Transportation Walk**Below is for District/State Use Only**ALL CHILDREN PARTICIPATING IN A CDEP CLASSROOM MUST BE CODED WITH A CDEP PROGRAM SERVICE CODEEarly Childhood Placement: 3 yr Class 4 yr Class 5 yr Class Multi-Age Classroom

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:

- DSF** District / School Based Full-Day
 DSH District / School Based Half-Day
 HSF Head Start Full-Day
 HSH Head Start Half-Day
 OH Other Half-Day

Was child served by Head Start any time from birth to age 4? Yes No**First Steps Funded 4K (CDEP in private child care center)** : No Yes Info not available

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

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

Classroom Curriculum: High Scope Montessori Creative Curriculum Opening the World of Learning Other _____**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 County: _____ State Id #: _____

SC Child Development Education Project

PARENT/GUARDIAN VERIFICATION AND CONSENT

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 Development Education Program (CDEP) 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 Development Education Program. If my child is placed in the Child Development Education Program, 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

PHOTOGRAPH/VIDEOTAPE RELEASE

The CDEP will occasionally take photographs and makes videotapes of children in the program. Such photographs and/or videotapes may appear in printed materials such as brochures, in teacher training videos, and on the South Carolina Department of Education’s Web site.

Please put a checkmark in one of the following boxes:

- I authorize the reproduction of any photographs, videos, or slides of my child or their work for use by the SCDE and / or CDEP.
- I do not authorize the reproduction of any photographs, videos, or slides of my child or their work for use by the SCDE and / or CDEP.

Signature of parent/guardian

Date

**Family Income Eligibility Table
2016-2017**

Students eligible for the South Carolina Child Development Education Program (CDEP) must provide evidence of either Medicaid eligibility or a documented family income at or below 185% of the Federal Poverty definition promulgated annually by the US Department of Health and Human Services.

Persons in Family or Household	100% of Federal Poverty	CDEP ELIGIBILITY
		185% of Federal Poverty (Free and Reduced Lunch Eligibility)
2	\$16,020	\$29,637
3	\$20,160	\$37,296
4	\$24,300	\$44,955
5	\$28,440	\$52,614
6	\$32,580	\$60,273
7	\$36,730	\$67,951
8	\$40,890	\$75,647

Adapted from the 2016 US Department of Health and Human Services Poverty Guidelines (*Federal Register*: January 25, 2016 (Document Citation 81 FR 4036), Pages 4036-4037, Document Number: 2016-01450. URL: <https://federalregister.gov/a/2016-01450>)

Listing of 2016-17 Documentation Needed for Child Development Education Program (CDEP)

Please consult your district CDEP Coordinator /Director and/or DSS licensing monitor for specific information needed for your program.

Student documentation includes:

Proof of eligibility for: _ Residence (P)

_ Age (P)

_ Income documentation for family or Medicaid

_ CDEP Registration Form

_ DHEC Immunization Form (P)

_ DSS Form #2900 General Record and Statement of Child's Health for Admission

_ DSS Form # 2930 Authorization for Intervention, Intervention, and Extracurricular Activities

_ DIAL3 or DIAL-4 Parent Questionnaire

_ DIAL3 or DIAL-4 scores (P)

_ CDEP Parent/Family Orientation Checklist, with signatures

_ Quarterly Parent Reporting Documentation Form

_ Assessment information from district selected assessment and date completed (P)

_ Discipline Policy, signed/dated

**(P) indicates that documentation to be placed in student's permanent record at year's end*

Other items you may have:

_ District forms or other items _____.

_ Parent/teacher Agreement (last page of CDEP Parent handbook)

DSS forms available at: <http://www.scchildcare.org/library/licensing-forms.aspx> and more information about licensing; <http://childcare.sc.gov/main/>

Teacher / Staff file DSS documentation includes:

Background check:

_ DSS form #2924 – Central Registry Check, returned “clear”

_ SLED and FBI “clear” review (after submitting fingerprint card, and DSS form #2647)

_ Statement of Compliance, DSS form #2925, notarized.

Basic Information:

_ Name, position, date of birth, hours/days employed

_ Signed discipline policy

Experience and training information:

_ Education and experience documentation- refer to DSS regulations for info.

_ Required annual training documentation – print out www.sc-cccd.net transcript

_ Current CPR/First Aid certification, as necessary.

Medical information:

_ Medical statement DSS form #2901, expires every 4 years.

_ TB test results, stating free of TB

_ Health assessment DSS form #2926, expires every 4 years

Consult your local DSS licensing office for specific information

**DSS form #2964 (staff/caregiver info) and DSS form #2963 (list of children) are forms an onsite director will need to have filled out and on hand for DSS visit.*

**CDEP 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: Date: _____
Type of contact: _____
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.

Final Assessment or Summary Report: Date: _____

**Child Development
Education Program
2016–2017 School Year**

(Insert School Name Here)

Parent/Family Orientation Checklist

Child's Name _____

Location of Orientation _____

	Check When Reviewed
Parent Handbook	
CDEP Eligibility/Enrollment Requirements and Process	
Attendance Policy	
Classroom Hours of Operation	
School Calendar	
Extended Care/Wrap Around Care Options	
Transportation	
Classroom Daily Schedule	
Confidentiality	
Discipline/Guidance Policy	
Curriculum	
Assessing Student Learning - Screening, Readiness Assessment, etc.	
Health Records	
District/School Health Policies	
Reporting of Abuse or Neglect	
Parent/Family Workshops	
Parent-Teacher Conferences	
Communication	
Classroom Visits	
Parent-Teacher Agreement	
Tour of school/classroom	

Parent/Family Member's Signature: _____

Date: _____

Teacher's Signature: _____

Date: _____