



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 eligible 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 **fully completed applications** 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 # _____	



2019- 2020 4K Student Application Thornwell CDC

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

Child's Name on legal Birth Certificate: _____ Today's Date _____ First: _____ Middle: _____ Last: _____		
(Circle One) <input type="radio"/> Male <input type="radio"/> Female	Date of Birth: _____ Month Day Year	Child's Social Security Number (Not Mandatory): _____ - _____ - _____
Federal Race/Ethnicity: Is the student Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No What is the student's race (you may check more than one)? <input type="checkbox"/> American Indian or Native American <input type="checkbox"/> Asian <input type="checkbox"/> Black / African American <input type="checkbox"/> Hawaiian / Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multiracial		
Migrant/Immigrant: <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> English Speaking <input type="checkbox"/> Very Little English <input type="checkbox"/> 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 <input type="checkbox"/> Male <input type="checkbox"/> 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: _____ <input type="checkbox"/> Check box if unemployed	Work Phone: () _____	Parent Birthdate: _____
Education: <input type="checkbox"/> No H.S. Diploma last grade finished: _____ <input type="checkbox"/> GED <input type="checkbox"/> High School Diploma <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor <input type="checkbox"/> Master or above		

CHILD Name: _____

Secondary Parent/Guardian NAME : (First, Middle, Last)	Gender <input type="checkbox"/> Male <input type="checkbox"/> 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: _____ <input type="checkbox"/> <i>Check box if unemployed</i>	Work Phone: (____) _____	Parent Birthdate:
Education: <input type="checkbox"/> No H.S. Diploma- <i>last grade finished:</i> _____ <input type="checkbox"/> GED <input type="checkbox"/> High School Diploma <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor <input type="checkbox"/> 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?	<input type="checkbox"/> Yes If yes, have you provided a copy of the Medicaid card? _____ <input type="checkbox"/> No
Has your child ever had any serious injuries or illnesses?	<input type="checkbox"/> Yes. If yes, explain _____ _____ <input type="checkbox"/> No
Does your child have any health concerns or problems? (check all that apply)	<input type="checkbox"/> Has received services from BabyNet in the past <input type="checkbox"/> Has chronic health condition. Circle all that apply: <i>Asthma Diabetes Arthritis Epilepsy Heart Trouble Sickle Cell Anemia</i> <input type="checkbox"/> Other diagnosed condition(s) requiring treatment: _____ <input type="checkbox"/> Under the care of a doctor now, specify: _____ <input type="checkbox"/> No significant health concerns
Does your child have any allergies?	<input type="checkbox"/> Medication, specify: _____ <input type="checkbox"/> Food, specify: _____ <input type="checkbox"/> Insects/Animals, specify: _____ <input type="checkbox"/> Dust, Mold, Mildew, specify: _____ <input type="checkbox"/> Other, specify: _____
Did your child have a low birth weight (5.5 pounds or less)?	<input type="checkbox"/> Yes (child's birth weight was <i>5.5 pounds or less</i>) <input type="checkbox"/> No (birth weight was <i>more than 5.5 pounds</i>)
Has your child been identified with a disability?	<input type="checkbox"/> Child has been identified with a disability, specify the diagnosis _____ <input type="checkbox"/> No
Is your child receiving services related to his/her disability?	<input type="checkbox"/> Yes , please list the agency/organization: _____ <input type="checkbox"/> No disability
	Does your child have an active Individualized Education Plan (IEP)? <input type="checkbox"/> Yes <input type="checkbox"/> 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.

Signature of Parent or Legal Guardian

Date

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.

Signature of Parent or Legal Guardian

Date

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.

Signature of Parent or Legal Guardian

Date

CHILD Name: _____

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.		
<p>Check all of the <u>child's</u> immediate family members that live in the household:</p> <p><input type="checkbox"/> Guardian(s), how many _____</p> <p><input type="checkbox"/> Mother</p> <p><input type="checkbox"/> Father</p> <p><input type="checkbox"/> Sister(s), how many _____</p> <p><input type="checkbox"/> Brother(s), how many _____</p> <p>Number of immediate family members in household:</p> <p>A. _____ (include applying student)</p>	<p>Check other members of the household:</p> <p><input type="checkbox"/> Grandmother(s), how many _____</p> <p><input type="checkbox"/> Grandfather(s), how many _____</p> <p><input type="checkbox"/> Aunt(s), how many _____</p> <p><input type="checkbox"/> Uncle(s), how many _____</p> <p><input type="checkbox"/> Cousin(s), how many _____</p> <p><input type="checkbox"/> Other(s), specify: _____</p> <p>Total number of others living in the household:</p> <p>B. _____</p>	<p>TOTAL number of people living in the house:</p> <p>(Add both A. and B.) =</p> <p>_____</p> <p>_____</p>

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
<input type="checkbox"/> Current paystubs (primary caregiver)			
<input type="checkbox"/> Current paystubs (secondary caregiver)			
<input type="checkbox"/> Unemployment			
<input type="checkbox"/> AFDC/TANF			
<input type="checkbox"/> Child support			
<input type="checkbox"/> Pension/Retirement (primary caregiver)			
<input type="checkbox"/> Pension/Retirement (secondary caregiver)			
<input type="checkbox"/> Social Security (primary caregiver)			
<input type="checkbox"/> Social Security (secondary caregiver)			
<input type="checkbox"/> Other: _____			
TOTAL:			
<i>I have supplied copies of documentation for all income listed on this form.</i>			
Parent/Guardian Signature: _____		Date: _____	