

South Carolina Early Childhood Registration Form

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:

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) ☐ No high school diploma ☐ GED ☐ H.S. Diploma ☐ Associate Degree

☐ Bachelor's Degree ☐ Master's Degree ☐ Doctorate/PhD

Mother's/Guardian's email:

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 (5K students only) *Definitions of providers attached			
Last year my child's care was provided by the following public provider (Check one) :			
<input type="checkbox"/> Unknown			
<input type="checkbox"/> Head Start			
<input type="checkbox"/> Child Development Education Program (CERDEP)			
<input type="checkbox"/> Prekindergarten			
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 by the following private provider (Check one) :			
<input type="checkbox"/> Military Child Care Center			
<input type="checkbox"/> Registered Faith-Based Center			
<input type="checkbox"/> Registered Family Home Center			
<input type="checkbox"/> Group Home			
<input type="checkbox"/> Exempt Provider			
<input type="checkbox"/> First Steps (CERDEP)			
<input type="checkbox"/> Other Provider			
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 an informal child care provider (at home, other family member, or non-family member)			

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

Language Background

What is the child's primary language?

What language is primarily spoken in the home?

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), 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 ☐ 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