



Student Application for 2017-2018 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, 2017,**
- **Be eligible for Medicaid OR free/reduced-price meals, AND**
- **Live in one of 64 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 this application and **provide all required documentation.**

Please use this checklist below to ensure your application is complete:

- ____ 1. Copy of child's certified birth certificate (age 4 on or before Sept.1, 2017)
- ____ 2. Copy of child's Medicaid card (if your child receives Medicaid)
- OR ____ 2. If NO Medicaid Card then you must provide Proof of Family Income and complete pg. 5 of application - Verification of family income may include pay stubs, 2016 tax returns, or W-2 forms
- ____ 3. Two (2) proofs of residency: (utility bills, tax bill, rental agreement, etc.)
- ____ 4. Copy of child's current SC Certificate of Immunization
- ____ 5. Pgs. 2-4 of this application completely filled out.

****Only complete and attach pg. 5 if Medicaid card copy is not attached.

All sections must be completed with all required documents attached before turning in.

Centers will submit the completed application to South Carolina First Steps for approval.

FS 4K office use only

BC _____ Medicaid card _____ or Income _____ Aff _____ Res Proof 1 _____ 2 _____ SC Imm Cert _____ Date Approved: _____ Approver: _____
 Pending: _____ START date: 8-21-17 _____



**2017-18
 Student Application for First Steps 4K**

 (Center Name)

Today's Date: _____

Name on legal Birth Certificate:			
First: _____		Middle: _____	
Last: _____			
CHILD INFORMATION	(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? <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 Alaska Native <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: _____		
	Mailing address, if different: Street or P.O. Box: _____ City: _____ State: _____ Zip Code: _____		
	What school district does the child live in? _____		
	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 your child learn first? _____		
	What language is used most in your home? _____		
Last year my child was cared for by a: (circle one) Child care center Family home care facility Head Start Center Non-family Member Family Member			
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 INFORMATION	Primary Parent/Guardian: (First, Middle, Last)		Relationship to Child: _____ (Ex. Mother, Father, Step-Parent, Grandparent, Foster Parent, Aunt, Uncle, etc.)
	Address (if different than above): _____		
	Home Phone : ()	Cell Phone: ()	Email: _____
	Place of Employment: _____ <input type="checkbox"/> Check box if unemployed	Work Phone: ()	Parent Birthdate (Month/Day/Year)
Education: <input type="checkbox"/> No H.S. Diploma <i>Last Grade Finished:</i> _____ <input type="checkbox"/> GED <input type="checkbox"/> H.S. diploma <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Ph.D.			
SECONDARY PARENT/GUARDIAN INFORMATION	Secondary Parent/Guardian: (First, Middle, Last)		Relationship to Child: _____ (Ex. Mother, Father, Step-Parent, Grandparent, Foster Parent, Aunt, Uncle, etc.)
	Address (if different from above): _____		
	Home Phone: ()	Cell Phone: ()	Email: _____
	Place of Employment: _____ <input type="checkbox"/> Check box if unemployed	Work Phone: ()	
Education: <input type="checkbox"/> No H.S. Diploma <i>Last Grade Finished:</i> _____ <input type="checkbox"/> GED <input type="checkbox"/> H.S. diploma <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Ph.D.			
Who is to be called in an emergency for the child if no answer from the above parents/guardians? _____			
Relationship to Child: _____		Phone: () _____	

Child's Name: _____

MEDICAL AND DEVELOPMENTAL CHILD INFORMATION	
Is your child Medicaid eligible?	<input type="checkbox"/> Enrolled, copy of card attached with application <input type="checkbox"/> Eligible but no card <input type="checkbox"/> NOT eligible
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>) birth weight _____ <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
Any special accommodation(s) that may be required to meet my child's needs most effectively while he or she is at the school: _____ _____ _____	

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.

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 according to the First Steps 4K Calendar for 2017-2018.** 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 for the purpose of ensuring children are not receiving duplicative benefits from other South Carolina agencies.

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 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's Name: _____

Do NOT Complete or Attach this page IF Medicaid card copy is attached to application.

HOUSEHOLD INCOME INFORMATION, Calculation of Annual Income				
Frequency of Pay	Rate			
Weekly	Gross pay x 4.33 x 12 = Annual Income (Need copies of 4 consecutive paychecks)			
Twice a Month	Gross pay x 2 x 12 = Annual Income (need copies of 2 consecutive paychecks)			
Bi-weekly	Gross pay x 2.15 x 12 = Annual Income (need copies of 2 consecutive paychecks)			
Monthly	Gross pay x 12 = Annual Income			
Family Size is the TOTAL number of people living in household: _____ (add both A. and B.)	Check all of the child's immediate family members that live in household: <input type="checkbox"/> Guardian(s), how many _____ <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Sister(s), how many _____ <input type="checkbox"/> Brother(s), how many _____ Number of Immediate Family Members in Household A. _____ (include applying student)	Check other members of the household: <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Aunt (s), how many _____ <input type="checkbox"/> Uncle(s), how many _____ <input type="checkbox"/> Cousin (s), how many _____ <input type="checkbox"/> Other(s) specify: _____ Total Number of Others Living in Household B. _____		
Income Check ALL that apply. 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 <input type="checkbox"/> Current paystubs (primary caregiver) <input type="checkbox"/> Current paystubs (secondary caregiver) <input type="checkbox"/> Unemployment Compensation <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: _____	Gross Pay Amount (before taxes)	How Often Paid (frequency)	Income
				TOTAL:
Parent/Guardian Signature:				