



Student Application for 2020-2021 First Steps Four-Year-old Kindergarten (4K)

South Carolina First Steps 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, 2020,
- Be eligible for free/reduced-price lunch, Medicaid, SNAP, TANF, experiencing homelessness, transiency, OR in foster care AND
- Live in one of the 64 eligible school districts OR attend one of our PILOT Centers

The following are the current eligible school districts:

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

Students in Anderson 1, and 4, Beaufort, Charleston, Dorchester 2, Greenville, Lancaster, Lexington 1, Lexington/Richland 5, Pickens, Richland 2, Spartanburg 1, 2 and 5, and York 2, 3 and 4 were not eligible prior but recent change in the 4K law allows age and income eligible students living in those districts to enroll in the full day, tuition free First Steps 4K classes. **Participating PILOT centers may serve eligible 4K students residing in all school districts of SC.**

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, 2020)
- _____ 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 household income is required- Proof of income may be copies of pay stubs, 2019 tax returns, or (1040, 1040A, or 1040EZ).
- _____ Two (2) proofs of residency (we will accept utility bills, tax document, rental agreement, etc.)
 - _____ Affidavit of Residency, along with two proofs 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 SC 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.



2020 - 2021 4K Student Application

St. Martin de Porres Catholic School

Center Name: _____

First Date of Center Attendance: ____/____/____

Child's Full Name: _____
First Middle Last

Date of Birth: ____/____/____

Gender (Circle): Male / Female

Child's Ethnicity (Circle):

Hispanic? Yes No

Race (Circle One):

American Indian or Native Alaskan Hawaiian / Pacific Islander
Asian White or European American
Black / African American Multiracial

What is the child's English proficiency? (Circle) English Speaking Very Little English No English

What is the child's first language? _____

What language is used most at home? _____

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

Physical Address:

Street City State Zip

Mailing Address:

Street City State Zip

What school district is your physical address located in? _____

Please circle the family address status:

Permanent Living Address Lacks Permanent nighttime address
Lives with Relative or Non-Relative Emergency or Homeless Shelter
Hotel/Motel Women & Children's Shelter

Child's Legal Guardian (Primary): Both Parents Mother Father Grandparent(s) Foster Other _____

Child lives with: Both Parents Mother Father Grandparent(s) Foster Other _____

Primary Guardian (First Last): _____ Birthdate: ____/____/____

Gender: Male / Female Cell Phone: (____) _____

Home Phone: (____) _____ Email: _____

Education (Circle): No High School Diploma GED High School Diploma Employed (Circle): Yes / No
Associate Degree Bachelor Masters or Above

First Steps 4K Office Use Only: BC Medicaid Card -or- Income Res Proof: 1 2 Aff. SC Imm. Cert
Date Approved by FS office: ____/____/____ Approver: _____ CPID # _____

Child Name: _____

Secondary Guardian (First Last): _____ Birthdate: ____ / ____ / ____

Gender: Male / Female Relationship to Child: (Mother, Father, Grandparent, etc.) _____

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

Education (Circle): No High School Diploma GED High School Diploma Employed (Circle): Yes / No
Associate Degree Bachelor Masters or Above

Alternative Emergency Contact Information: Who is to be called in the event of an emergency if no answer from the above guardians?

Name: _____ Relationship to Child: _____

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

MEDICAL AND DEVELOPMENTAL CHILD INFORMATION

Is your child eligible for Medicaid/SNAP/TANF? Yes No
If yes, have you provided proof of eligibility? _____

Is your child in the foster system? Yes No Has your child received services from BabyNet in the past? Yes No

Has your child ever had any serious injuries or illnesses? Yes No
If yes, explain _____

Does your child have any health concerns or problems? Yes No
(Circle all that apply)
If child has chronic health condition, please specify.
Asthma Diabetes Arthritis Epilepsy Heart Trouble Sickle Cell Anemia
Other diagnosed condition(s) requiring treatment: _____
Under the care of a doctor now, specify: _____

Does your child have any allergies? Yes No
If yes, specify: _____

Did your child have a low birth weight (5.5 pounds or less)? No (birth weight was more than 5.5 pounds)
Yes (child's birth weight was 5.5 pounds or less)

Has your child been identified with a disability? No Is your child receiving services related to his/her disability? No disability
Yes. Specify the diagnosis: _____ Yes. Please list the agency/organization: _____

Does your child have an active Individualized Education Plan (IEP)? Yes No Is your child receiving any specialized services? Yes No
(Therapy, counseling, etc.) If yes, specify _____

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: _____

PARENT/GUARDIAN CONSENTS

ALL SECTIONS MUST BE SIGNED AND DATED IN ORDER FOR THE CHILD TO BE APPROVED

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 2020-2021 (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

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

MEDIA RELEASE

South Carolina First Steps (First Steps), to include all First Steps local partnerships and First Steps-funded programs (i.e. First Steps 4K, Palmetto Pre-K, First 5 SC and the SC Early Childhood Advisory Council), may take photos or record children served by its programs. These photos and/or recordings may appear on printed or promotional materials such as brochures, newsletters, news reports, stories, billboards, on the First Steps website or used for training. Any photograph, recording, 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 the right 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.

Circle ONE of the options below:

YES. I authorize the reproduction and release of photographs, videos, recordings, negatives or proofs of my child for use by South Carolina First Steps as indicated above.

NO. I do not authorize the reproduction and release of photographs, videos, recordings, negatives or proofs of my child for use by South Carolina First Steps as indicated above.

Signature of Parent or Legal Guardian

Date

Household Information

The Household Total Annual Income includes ALL members that live in the house and their annual income, this may include spouses, parents, guardians, grandparents, uncles, aunts, etc.

Circle the child's immediate family members living 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)

Circle 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. _____

Total number of people living in the house:

A + B = _____

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	Pay Frequency (Every 2-weeks, monthly, etc.)	Gross Pay Amount (Before Taxes)	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 documents for all income listed on this form.

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