

Four Year Old Program/Kindergarten

Additional Registration Information Required by the State of South Carolina

Student's
 Last Name _____ First name _____ Middle Name _____

Grade 2007-2008 (circle one) Four Year Old Program(4 K) Kindergarten (5 yr old)

Birth Weight

_____ Below 5.5 lbs
 _____ 5.5 lbs or above

Medical Care Source (Circle One)

Health Clinic Family Physician
 Emergency Room Other

Income Range (Circle One)

\$0 - \$10,000 \$10,001 - \$20,000
 \$20,001 - \$30,000 \$30,001 - \$40,000
 \$40,001 - \$50,000 \$50,001 - \$60,000
 60,001 or above

Health Alert (Circle One)

(Ex. Allergic to peanuts/peanut butter, bee stings, asthmatic, etc.)

Allergy _____

Early Childhood:

Caregiver Prior to Enrolling in This School

Select the one that best describes the last school/childcare setting.

Program	Length of time child was in program
Center Based Day Care	_____ Years
Family Child Care Center (Home-based)	_____ Years
Head Start	_____ Years
Home with Family Member	_____ Years
Home with Non-Family Member	_____ Years
State 4K Program	School _____

Special Needs (Circle One)

None Other
 Speech Problems Physical Problems
 Emotional Problems Learning Problems

Family Literacy Services (Circle One)

Adults that participated in a school district Family Literacy Program

Both Parents Mother Guardian
 Father None

Family Literacy Services (Circle One)

Length of services:

None 2-3 Years
 Under 1 Year 3-4 Years
 1-2 Years