

CCSD Four Year Old Program/Kindergarten

Additional Registration Information Required by the State of South Carolina

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

Grade _____ (circle one) Four Year Old Program(4 K) Kindergarten (5 K)

Birth Weight

_____ Below 5.5 lbs

_____ 5.5 lbs or above

Medical Care Source (Circle One)

Free Health Clinic

Family Physician

Emergency Room

Pediatrician

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 _____

Special Needs (Circle One)

None

Other

Speech Problems

Physical Problems

Emotional Problems

Learning Problems

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 _____ Years

(Home-based)

Head Start _____ Years

Home with Family Member _____ Years

Home with Non-Family Member _____ Years

State 4K Program School _____

Family Literacy Services (Circle One)

Adults that participated in the school district Family Literacy Program

Both Parents

Mother

Guardian

Father

None

Educational Level of the Mother- (circle one)

No HS Diploma- (Last grade completed _____)

GED

HS Diploma

Associate's Degree

Bachelor's Degree

Master's Degree

PhD