

Laurel Hill Primary

Additional Information

Please complete the following information for the CD teacher. Please PRINT all information to ensure accuracy and readability.

Child's Name _____ Date of Birth _____

Child's Gender (circle) M F Ethnicity _____

Child's name for labels (cubbies/folder/birthday chart) _____

Address _____

Street City State Zip Code

Best phone # _____ Accept text messages (Circle) Yes No

Mother's Name _____ Phone # _____

Father's Name _____ Phone # _____

Emergency Contact _____ Phone # _____

Special notes, concerns, allergies, alerts we need to be made aware of _____

_____ My child has an IEP (please provide copy with application)

_____ My child receives private services (PT, OT, Speech, etc.)

How will your child arrive to school? Circle Bus Parent Drop-off Bus # _____

How will your child be transported home? Circle Bus Parent Drop-Off Bus # _____

*Email address _____

If no computer access to email, please write NO ACCESS in the space provided above.

Test scores will not be shared with parents

Screening appointments will be made when a completed application is submitted to the office.

Acceptance/Regret letters will be mailed/emailed by the end of June.

Child Development Application
 2018-2019 School Year

School:			
Child Information			
Last Name:		First Name:	Middle Name:
Check if Applicable Generation: <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> Jr. <input type="checkbox"/> Sr.			
Nickname:			
Date of Birth (mm/dd/yy): <u> </u> / <u> </u> / <u> </u>		Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
Federal Race/Ethnicity: Is the student Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No			
What is the student's race? Check all appropriate.			
<input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> No response			
Child lives with: <input type="checkbox"/> both parents <input type="checkbox"/> mother <input type="checkbox"/> father <input type="checkbox"/> grandparent <input type="checkbox"/> 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:
Parents/Guardians <input type="checkbox"/> both parents <input type="checkbox"/> mother <input type="checkbox"/> father <input type="checkbox"/> other (specify):			
Mother's/Guardian's Last name:		First Name:	Middle Initial:
<i>If different from child's information:</i>		<input type="checkbox"/> Incarcerated <input type="checkbox"/> Military Deployment	
Street Address:			
City:		County:	South Carolina
			Zip Code:
Home Phone:		Cell Phone:	
Place of Employment:		Daytime Phone:	
Mother's/Guardian's email:			
Mother's Education (highest level) <input type="checkbox"/> Less than high school diploma <input type="checkbox"/> GED <input type="checkbox"/> H.S. Diploma <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctorate Years of Mother's/Guardian's Education:			
Mother's Age at Birth of First Child:			
Father's/Guardian's Last Name:		First Name:	Middle Initial:
<i>If different from child's information:</i>		<input type="checkbox"/> Incarcerated <input type="checkbox"/> Military Deployment	
Street Address:			
City:		County:	South Carolina
			Zip Code:
Home Phone:		Cell Phone:	
Place of Employment:		Daytime Phone:	

Father's/Guardian's email:

Father's Education (*highest level*) Less than high school diploma GED H.S. Diploma Associate Degree
 Bachelor's Degree Master's Degree Doctorate

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

Last year my child's care was provided by the following *public provider* (Check one):

- Unknown
- CCSD Head Start Program
- Child Development Education Program (CEDEP)
- Public School 3 Year Old Program (Child Development 3 Year Old)

My child attended the program (check one) full day partial day

Name of provider:

Last year my child's care was provided by the following *private provider* (Check one):

- Military Child Care Center
- Registered Faith-Based Center
- Registered Family Home Center
- Group Home
- Exempt Provider
- Charleston County First Steps
- Other Provider

My child attended the program (check one) full day partial day

Name of provider:

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:

Family Income (Proof of Income is required for Burns, E.B. Ellington, Goodwin, Midland Park and Mt. Zion)

Number of persons on 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

Child receives TANF, SSI or Medicaid Yes No Medicaid Number _____

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 CCSD Adult Literacy Program such as adult education, GED, High School Diploma, ESOL (Abrazos) or parent/child interactive literacy (CFDC)?

Both Parents Mother Father Guardian/Grandparent No One

Did your child ever participate in a CCSD Family Literacy Services (Abrazos, First Steps, CCSD Parent/Child Home Visiting Program, etc...)? Yes No

If, "yes," please check how long: 1 Year 2 Years 3 Years 4 or more years
Program Name: _____

Child's Special Needs

Does your child have a current Individual Education Program (IEP)? Yes No

If yes, please submit a copy of the child's IEP along with the CD application.

Child's Transportation

How do you anticipate your child will get to school? School Bus Car
 Child Care or Day Care Transportation Walk Bicycle 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
 After School Program at School Not applicable

I understand that the completion and submission of this application does not guarantee the placement of my child in Charleston County's Child Development (CD) Program. Children selected for Child Development programs demonstrate academic or developmental needs and may have school readiness risk factors. I further understand that my registration is not complete without the appropriate documentation (i.e. proof of residency, verification of age, proof of income, etc...).

Parent/Guardian Signature _____

Date _____