Checklist of 2025-26 Required CERDEP Documentation

Highlighted are required from parent/guardian

Check box if yes	Required student documentation includes:
☐	Proof of eligibility for residency
☐	Proof of eligibility for age
☐	Proof of income for family or Medicaid
☐	CERDEP registration form
☐	DHEC Immunization form
☐	DIAL3 or DIAL-4 Parent Questionnaire
☐	DIAL3 or DIAL-4 scores
☐	CERDEP Quarterly Parent Reporting Documentation Form (See Appendix A)
☐	CERDEP Parent/Family Orientation Checklist, with signatures (See Appendix B)
☐	Parent/teacher Agreement (last page of CERDEP Parent/Guardian Handbook – See Appendix C)
☐	Assessment selected information submitted to the Office of Assessment

While DSS regulations are suspended under proviso 1.56, please be sure you have any necessary teacher employment documentation as required.

School and District Information

School: The Palmetto School School District: Rock Hill

Child Information

Last Name: First Name: Middle Name:

Check if Applicable Generation: ☐ II ☐ III ☐ IV ☐ V ☐ Jr. ☐ Sr.

Nickname:

Date of Birth *(mm/dd/yy)*: __/__/__ Social Security number *(Preferred but optional)*: _____-___-_____

Sex: ☐ M ☐ F Federal Race/Ethnicity: Is the student Hispanic or Latino? ☐ Yes ☐ No

What is the student's race? Check all appropriate.

☐ Asian ☐ Black or African American ☐ American Indian or Alaska Native

☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ No response

Child lives with: ☐ both parents ☐ mother ☐ father ☐ grandparent ☐ 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 ☐ both parents ☐ mother ☐ father ☐ other (specify):

Mother's/Guardian's Last name: First Name: Middle Initial:

If different from child's information:

Street Address:

City: County: South Carolina Zip Code:

Home Phone: Cell Phone:

Place of Employment: Daytime Phone:

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

Mother's/Guardian's email:

GuG

Father's/Guardian's Last Name: First Name: Middle Initial:

If different from child's information:

Street Address:

City: County: South Carolina Zip Code:

Home Phone: Cell Phone:

Place of Employment: Daytime Phone:

Father's/Guardian's email:

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 *Definitions of providers and full day/partial day are attached (K5 students only)

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

☐ Head Start

☐ Prekindergarten at a public school

☐ Unknown

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

Name of provider:

☐ Last year my child's care was provided by a ***private provider*** **(see attached examples of private providers)**

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

Name of provider:

Last year my child's care was provided in a home by an informal child care provider (Check one):

☐ Parent or relative

☐ Non-relative

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:

List any special accommodation(s) that may be required to meet my child's needs most effectively while he or she is at the school:

Family Income Range

Number of persons in 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

Family Literacy Services

Who in your family has participated in a school district Family Literacy Program, such as adult literacy, adult education (GED, High School Diploma, ESL), parent education, child development, or parent and adult/child interactive literacy?

☐ Both Parents ☐ Mother ☐ Father ☐ Guardian/Grandparent ☐ No One

Did your child ever participate in school district Family Literacy Services? ☐ Yes ☐ No

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

Child's Special Needs

Does your child have a current Individual Education Program (IEP) or Section 504 plan? ☐ Yes ☐ No

Student's Disability Status: ☐ None ☐Emotional ☐Learning ☐Speech ☐Physical ☐Other

Child's Transportation
How do you anticipate your child will get to school? ☐ Car ☐ Child Care or Day Care Transportation ☐ Walk ☐ Bicycle ☐ Not applicable How do you anticipate your child will travel from school? ☐ Car ☐ Child Care or Day Care ☐ Walk ☐ Bicycle ☐ Not applicable ☐ After School Program at School
Below is for District Use Only
ALL CHILDREN PARTICIPATING IN A CERDEP CLASSROOM MUST BE CODED WITH A CERDEP PROGRAM SERVICE CODE.
Early Childhood Placement: ☐ 3 year Class ☐ 4 year Class ☐ 5 year Class ☐ Multi-Age Classroom ☐ Parent Pay Tuition
Student Identification Number:
Program Entry Date: Program Exit Date: Reason for exit:
Income Verification Method (☐ Medicaid, ☐ Free or Reduced Lunch, ☐ W2 forms, ☐ Pay Stubs, Other Income Verification Documented):_____ Meals: Free or Reduced Lunch ☐ Yes ☐ No ☒ N/A if District enrolled in Community Lunch Program
Classroom Type: ☒ FDS District / School Based Full-Day ☐ PDS District / School Based Partial-Day
Is the student being placed in Head Start? ☐ Yes ☒ No
DIAL 3 or 4: (Indicate which) ___ Screening Date:_____ Scores: Motor: Concepts: Language: Self-Help: Social:
Classroom Curriculum: ☐ Creative Curriculum ☒ FrogStreet Pre-K ☐ High Scope ☐ InvestiGator ☐ Montessori ☐ Scholastic Pre-K On My Way ☐ World of Wonders
Readiness Assessment: ☐ myIGDIs ☐ Teaching Strategies GOLD ☐ Other
Medicaid: ☐ Yes ☐ No Medicaid Number_____ Medicaid Active ☐ Yes ☐ No * Copy of Medicaid Card attached ☐
Migrant/Immigrant: ☐ Yes ☐ No Birth Country:_____ State Id #: _____
Did the child participate in Countdown to Kindergarten? ☐ yes ☐ no

Definitions of Full Day and Partial Day Care

Full Day – A full day program is one in which students attend for 6.5 hours or more a day.
Partial Day – A partial day program is one in which students attend for less than 6.5 hours a day.

Definitions of Public Child Care Providers

Head Start – A program of the US Department of Health and Human Services that provides comprehensive early childhood education, health, nutrition, and parent involvement services to low income children and their families. Locate your local Head Start: https://eclkc.ohs.acf.hhs.gov/how-apply

Prekindergarten program in a public school – A state, district, or federally-funded, developmentally-appropriate program for 4-year-olds in a public school adhering to best practice, using research-based curriculum and assessment that must adhere to district and/or federal guidelines.

Unknown – Self-explanatory

Examples of Private Child Care Providers[1]

Military Child Care Centers – On-post child care centers that offer full-day, partial day, or hourly child care services to military families that must be registered with DSS. Locate your local military child care centers: http://www.militaryonesource.mil/-/military-child-care-programs

Registered Faith Based – Faith based care for 13 or more children that are sponsored by a religious organization that must be registered with DSS. Locate your local registered faith based providers: http://www.scchildcare.org/

Registered Family Home – A family home that provides care for up to 6 children at any given time within the home of the child care provider that maintains a registration or license if a person provides care to more than one unrelated family of children on a regular basis (more than four hours day or more than two days a week). Locate your local registered family home providers: http://www.scchildcare.org/

Registered Group Home Provider – Group Homes provide care for 7 to 12 children in the home of the child care provider. They may care for up to 8 children without an additional caregiver. For details on registered group homes: http://www.scchildcare.org/providers/become-licensed/licensing-requirements/licensed-group-child-care-home.aspx

Exempt Provider – A child care provider that operate less than 4 hours a day or less than 2 days a week or care for children from only 1 unrelated family. It is not inspected by DSS Child Care Licensing and monitored only because they volunteer for ABC Quality. For details on exempt providers: http://scchildcare.org/providers/become-licensed/licensing-exemptions.aspx

First Steps – A private state-funded, income based, developmentally appropriate education program adhering to best practice, using research-based curriculum and assessment that must adhere to DSS regulations and SCDE Guidelines. It is housed in a private, registered child care facility. Contact your local First Steps: https://scfirststeps.org/who-we-are/local-partnerships/

Definitions of Informal Child Care

Relative: Informal Child Care – Unregulated or licensed care provided by family that is not subject to regulations or formal guidelines.

Non-Relative: Informal Child Care – Unregulated or licensed care provided by another caregiver (non-relative) that is not subject to regulations or formal guidelines.

[1] On the registration form, you do not have to provide the specific type of private childcare; these examples are listed as reference.

SC Child Development Education Project
Parent/Guardian Consent Form (CERDEP Only)

I verify that the information I have provided on this registration form is true and accurate. I hereby grant permission for this information to be distributed to the Child Early Reading and Development Education Program (CERDEP) and other state agencies, which include, but are not limited to, the South Carolina Education Oversight Committee (EOC).

I understand that my completion of this form does not guarantee the placement of my child in a South Carolina CERDEP. If my child is placed in CERDEP, 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. I understand that my child's failure to meet this attendance requirement could result in his or her being dropped from the program. I further understand that I cannot register my child in the program without the appropriate documentation of his or her age and eligibility, and I have, therefore, attached to this registration form a copy of the necessary documentation.

I understand that information about my child, _____, and about the school will be used in a comprehensive, multiyear longitudinal research and evaluation project to determine the relationship between the student and school data and student success in school. The evaluation may include individual child assessment during a child's 4-year-old pre-kindergarten and 5-year-old kindergarten and other basic non-identifying educational information. All data collected are subject to the provisions of the Family Educational Rights and Privacy Act (FERPA) as well as South Carolina statutes and regulations protecting individual privacy and confidentially. Analyses of the data collected will be conducted only by individuals approved by the EOC. Individual student names will not be used.

Signature of parent/guardian: _____

Date: _____

South Carolina Child Early Reading and Development Education Program
Additional 4K Options (CERDEP only)

South Carolina has a statewide partnership between public and private 4K providers. The private domain of this partnership is the Office of First Steps to School Readiness. First Steps serves four-year-old children in the counties in South Carolina.

The South Carolina Department of Education's Office of Early Learning and Literacy believes that children deserve an opportunity to participate in four-year-old kindergarten. In an effort to ensure that as many students are served in 4K as possible in South Carolina, please be advised that your contact information may be shared with other local 4K providers in a non-public setting. If your child is not placed in the Child Early Reading and Development Education Program (CERDEP) 4K in your local public school district, please understand that your contact information will be shared with the Office of First Steps to School Readiness and you may be contacted for opportunities for your child to attend the 4K program in a non-public school setting.

However, if you do not want your contact shared information with the Office of First Steps, check the box below.

☐ I do not want my contact information shared with the Office of First Steps.

Family Income Eligibility Table
2025-2026

Students eligible for the South Carolina Child Early Reading and Development Education Program (CERDEP) must provide evidence of either Medicaid eligibility or a documented family income at or below 185 percent of the Federal Poverty definition promulgated annually by the US Department of Health and Human Services.

Number of Persons in Family or Household	100% of Federal Poverty	185% of Federal Poverty
2	$19,720	$36,482
3	$24,860	$45,991
4	$30,000	$55,500
5	$35,140	$65,009
6	$40,280	$74,518
7	$45,420	$84,027
8	$50,560	$93,536

For families/households with more than 8 persons, add $5,140 for each additional person.

Appendix A: CERDEP Quarterly Parent/Family Documentation Form

Schools are to report at least quarterly to the parent(s)/guardian(s) on his/her child's progress.

It is highly recommended that an orientation to CERDEP (ex: Back to School Night, home visits, etc.) be conducted as the first of these quarterly contacts to complete the Parent Orientation Checklist.

1. Parent Signature: _____

   Teacher Signature: _____

   Date of Conference: _____

   Comments/Notes: _____

Two of the quarterly contacts must include **documented parent-teacher conferences** during the school year that provide information including student progress as recorded on the assessment instrument. Conferences may occur in school or as a home visit. Please sign below to document that each Parent-Teacher Conference was held.

2. Parent Signature: _____

   Teacher Signature: _____

   Date of Conference: _____

   Comments: _____

3. Parent Signature: _____

   Teacher Signature: _____

   Date of Conference: _____

   Comments: _____

4. The final child assessment report must be provided at the end of the school year. This report may be sent home, reviewed at a conference or home visit.

   Date of Final Assessment or Summary Report: _____

Appendix B: 2025-26 CERDEP
Parent/Family Orientation Checklist

Check box if yes	Presentation Item from the Parent/Guardian Handbook
☐	CERDEP eligibility and enrollment requirements
☐	Attendance policy
☐	Classroom hours of operation and schedule
☐	Extended care or wrap around care options
☐	Transportation
☐	Behavior Management System
☐	Curriculum and assessment
☐	Health policies and records
☐	Family engagement and workshops, teacher conferences, communication, Parent/Guardian-Teacher Agreement
☐	Tour of school/classroom

Parent/Guardian Signature: _____

Date: _____

Appendix C: Parent/Guardian and Teacher Agreement

The Palmetto School

Parent/Guardian and Teacher Agreement

The schools that are participating in Child Early Reading Development Education Program (CERDEP) truly believe that parents are their child's first and most important teachers. The selected schools see their role as that of a partner. The Parent/Guardian and Teacher agreement symbolizes this partnership. It is a document that outlines how parents and teachers can share the responsibility for the success of each child.

As a parent/guardian, I, _____ will strive to:

- Believe my child can learn;
- Demonstrate that I value education and that school is important;
- Ensure my child attends school regularly and is on time;
- Set aside time each day to talk with my child about his or her learning;
- Read to my child daily and allow my child to see me read daily;
- Provide a home environment that encourages my child to do his/her best;
- Provide structured sleeping and eating habits; and
- Attend parent/guardian and teacher conferences.

As a teacher, I, **Elizabeth Starnes**, will strive to:

- Believe that each child can learn and demonstrate a "growth mindset";
- Respect and value the uniqueness of each child and his or her family;
- Provide a safe environment that promotes active hands-on learning;
- Provide frequent communication with newsletters, reports, and telephone calls;
- Seek ways to involve parents in the school program;
- Schedule parent-teacher conferences to accommodate parents schedules; and
- Welcome the participation of parents and guardians in the classroom and their support in helping their children succeed.

Parent/guardian signature _____

Date _____

The Palmetto School

AUTHORIZATION TO PICK UP A CHILD FORM

Name of Child/ren _____ I hereby inform The Palmetto School that the people listed below are authorized to pick up the above named child/ren at any time. Accordingly, The Palmetto School is hereby instructed to release my child/ren into the care of the following people whenever they come to the school.

AUTHORIZED PICK-UP PERSON (must be a minimum of 18 years old unless special written arrangements are made).

Approved name	Relationship to child/ren	Phone Number

I understand that: Parents/guardians must inform The Palmetto School in writing when the name of the person listed above will pick up their child/ren. This applies when the child's normal pickup routine varies. Any person that picks up your child/ren maybe asked to provide a photo ID to the staff if they are not familiar with the person on the above list. This document shall remain valid until edited or rescinded in writing by the parent/guardian.

Authorized by:

Parent(s)/Guardian(s) Print: _____

Date: _____

Parent(s)/Guardian(s) Signature: _____

Date: _____