



# STEP BY STEP

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# CHRISTIAN SCHOOL

*Application*  
*For*  
*Admission*  
**Infants-Preschool**



1119 South Cherry St., Tomball, Texas 77375 281•351•8197  
[www.stepbystepchristianschool.org](http://www.stepbystepchristianschool.org)

281•516•0253 (fax)

# Application Process

The following items are needed to complete the application process:

- Application for Admission, including Family Information, Health Information, Physician's Statement, & Academic Profile
- Enrollment Record Short Form
- Enrollment Fee
- Copy of most recent report card or preschool progress report (if applicable)
- Test scores/ previous placement assessments
- Copy of student's social security card (for student's permanent record)
- Copy of student's birth certificate
- Copy of student's health insurance card
- Complete immunization records (state law requires that the school have a complete and accurate record of a student's immunization history, including all doses), or provide a notarized Affidavit Request for Exemption from Immunizations for Reasons of Conscience
- Medical Records, including documentation of any special needs, physical conditions, etc.
- Food Allergy Emergency Care Plan signed by a health-care professional, if applicable
- Copy of custody papers, if student does not reside with both parents

Step By Step Christian School welcomes applications from students desiring a Christ-centered, challenging, academic program. Every family must submit a separate completed, signed application for each potential student and the enrollment fee must be paid. All required documents must be received in the Admissions Office prior to acceptance. The submission of an application does not constitute acceptance. Each student is evaluated on the following items: report cards or transcript, placement assessments, and the desire to succeed in a Christian atmosphere. Additional information and/or references are required for those children proposing to enroll in grades 4 and up. Students will be notified in a timely manner regarding their application.

## Registration and Enrollment

Upon initial application, each family must complete enrollment paperwork which includes data about the child(ren), parents/guardians, and any others who will be able to pick up and/or make decisions for the child in the case of an emergency in which we are unable to contact the parents. In addition to the paperwork completed upon initial enrollment, an annual medical statement and vaccination records must be kept current on each child. Please also be sure to keep all phone numbers and contact information current on both the enrollment record and the emergency contact card. In the event of an emergency, we will use this information to contact the parents as soon as appropriate procedures allow, and may leave messages at any number provided.

By signing the enrollment form, parents are certifying the information contained within to be complete and factual, promising to fulfill all financial obligations, and committing to adhere to the policies and regulations of Step by Step including those outlined in the current *Step By Step Christian School Parent & Student Handbook*. They further accept that if tuition becomes delinquent, students may not be allowed to attend class. Please note THAT PRESENTATION OF FALSE INFORMATION OR OMISSION OF PERTINENT INFORMATION ON THE APPLICATION WILL CONSTITUTE GROUNDS FOR DISMISSAL FROM STEP BY STEP CHRISTIAN SCHOOL WITH NO REFUND OF TUITION OR FEES.

## Re-enrollment of Current Students

The school reviews the records to ensure the student achieved sufficient academic progress to qualify for advancement to the next level. The school also reviews the records to ensure the student behavior is appropriate for advancement to the next level. Any student making less than expected progress will require a meeting between the administrator and/or the classroom teacher and parents as a support system to bring the student to a greater level of success.

The school reviews the financial records to ensure there are no delinquent accounts. No student shall be re-enrolled with a delinquent account. Re-enrollment of the student is finalized upon the

- 1) receipt and approval by the school of the re-enrollment application for the next year
- 2) payment of the re-enrollment fee
- 3) resolution of any outstanding academic, financial, or behavioral matters

As part of the re-enrollment process, updated medical information and emergency contact information will be requested. Students may not attend classes without these forms on file in the school office.



# Family Information (Cont.)

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

## Father or Male Guardian

Primary   
Caregiver?

Name: (Dr./Mr./Rev.) \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address:  Same as Above \_\_\_\_\_

Email: \_\_\_\_\_

1st Phone: \_\_\_\_\_ May we send text messages and/or alerts to this number?

Type:  Home  Cell  Work  Other Y N

2nd Phone: \_\_\_\_\_ Y N

Type:  Home  Cell  Work  Other

3rd Phone: \_\_\_\_\_ Y N

Type:  Home  Cell  Work  Other

Occupation/Job Title: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_

Industry: \_\_\_\_\_

Church Membership: \_\_\_\_\_

Authorized to:  
• pick up the student? Y N • enroll/dis-enroll? Y N  
• access school records? Y N • consent to medical treatment? Y N

## Mother or Female Guardian

Primary   
Caregiver?

Name: (Dr./Mrs./Ms.) \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address:  Same as Above \_\_\_\_\_

Email: \_\_\_\_\_

1st Phone: \_\_\_\_\_ May we send text messages and/or alerts to this number?

Type:  Home  Cell  Work  Other Y N

2nd Phone: \_\_\_\_\_ Y N

Type:  Home  Cell  Work  Other

3rd Phone: \_\_\_\_\_ Y N

Type:  Home  Cell  Work  Other

Occupation/Job Title: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_

Industry: \_\_\_\_\_

Church Membership: \_\_\_\_\_

Authorized to:  
• pick up the student? Y N • enroll/dis-enroll? Y N  
• access school records? Y N • consent to medical treatment? Y N

**If either parent has remarried, or the child lives with a guardian other than the parents, please complete the information below:**

## Father's Spouse/Female Guardian Information

Primary   
Caregiver?

Name: (Dr./Mrs./Ms.) \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address:  Same as Above \_\_\_\_\_

Email: \_\_\_\_\_

1st Phone: \_\_\_\_\_ May we send text messages and/or alerts to this number?

Type:  Home  Cell  Work  Other Y N

2nd Phone: \_\_\_\_\_ Y N

Type:  Home  Cell  Work  Other

3rd Phone: \_\_\_\_\_ Y N

Type:  Home  Cell  Work  Other

Occupation/Job Title: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_

Industry: \_\_\_\_\_

Church Membership: \_\_\_\_\_

Authorized to:  
• pick up the student? Y N • enroll/dis-enroll? Y N  
• access school records? Y N • consent to medical treatment? Y N

## Mother's Spouse/Male Guardian Information

Primary   
Caregiver?

Name: (Dr./Mr./Rev.) \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address:  Same as Above \_\_\_\_\_

Email: \_\_\_\_\_

1st Phone: \_\_\_\_\_ May we send text messages and/or alerts to this number?

Type:  Home  Cell  Work  Other Y N

2nd Phone: \_\_\_\_\_ Y N

Type:  Home  Cell  Work  Other

3rd Phone: \_\_\_\_\_ Y N

Type:  Home  Cell  Work  Other

Occupation/Job Title: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_

Industry: \_\_\_\_\_

Church Membership: \_\_\_\_\_

Authorized to:  
• pick up the student? Y N • enroll/dis-enroll? Y N  
• access school records? Y N • consent to medical treatment? Y N



# Admissions Policies & Procedures

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

## Application Policies

Step By Step Christian School welcomes applications from students desiring a Christ-centered, challenging, academic program. Every student must submit a completed, signed application and the application fee must be paid. All required documents must be received in the Admissions Office prior to acceptance. Step By Step Christian School does not discriminate on the basis of sex, race, color, national and ethnic origin in the administration of educational policies, employment practices, admission policies, financial aid, reduced tuition or grants, or extra-curricular programs.

The submission of an application does not constitute acceptance. Each student is evaluated on the following items: report cards, transcripts, recommendations, placement assessments, and the desire to succeed in a Christian atmosphere. Students will be notified in a timely manner regarding their application. By signing this application:

- I understand the enrollment fees as well as the current month's tuition are non-refundable.
- I understand tuition payments are payable the 1st of each month July-May.
- I further recognize the fact that Step By Step will not issue diplomas, or release transcripts or records until all financial obligations are fulfilled including those charges for lunches and extended care.
- I, the undersigned, certify this information to be complete and factual, promise to fulfill all financial obligations, and to adhere to the policies and regulations of Step By Step. I understand that if tuition becomes delinquent, my student may not be allowed to attend class. I UNDERSTAND THAT PRESENTATION OF FALSE INFORMATION OR OMISSION OF PERTINENT INFORMATION ON THIS APPLICATION AND/OR DURING AN INTERVIEW WILL CONSTITUTE GROUNDS FOR DISMISSAL FROM STEP BY STEP CHRISTIAN SCHOOL WITH NO REFUND OF TUITION OR FEES.

## Required Documents

- Application for Admission
- Short Enrollment Record
- Copy of student's social security card
- Copy of student's birth certificate
- Copy of custody papers, if student does not reside with both parents
- Health Care Professional's Statement
- Food Allergy Emergency Care Plan signed by a health-care professional, if applicable
- Medical & immunization records, including documentation of any special needs, physical conditions, etc.
- Copy of student's health insurance card, if applicable

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Relationship to Student*

\_\_\_\_\_  
*Parent/Guardian Name*

\_\_\_\_\_  
*Preferred Contact Number*

\_\_\_\_\_  
*Date*

# Permission to Transport

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

I give my consent for my child to be transported and supervised by Step By Step Christian School's faculty/staff for activities, field trips, to/from school, and/or in case of an emergency. I understand that all precautions will be taken to ensure the safety and health of my child. This is not intended as a waiver or release of any legal responsibility.

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Relationship to Student*

\_\_\_\_\_  
*Parent/Guardian Name*

\_\_\_\_\_  
*Preferred Contact Number*

\_\_\_\_\_  
*Date*

# Permission for Water Activities

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

I give my consent for my child to be involved in water activities planned by the school, including swimming. I understand that my child will be continuously supervised and safety rules will be enforced. This is not intended as a waiver or release of any legal responsibility.

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Relationship to Student*

\_\_\_\_\_  
*Parent/Guardian Name*

\_\_\_\_\_  
*Preferred Contact Number*

\_\_\_\_\_  
*Date*

# Health Information

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**\*\*\*\*\*This form must be updated annually\*\*\*\*\***

## Health Statement & Consent to Treat

Please choose one of the following:

**Full Emergency Medical Consent**

The above-named student has been examined within the past year by a health care professional and is healthy enough to physically participate in school. Records of current immunizations and precautionary screenings have been provided to the school. I give consent for Step By Step Christian School to secure any and all necessary emergency medical care for my child without exception.

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Relationship to Student*

\_\_\_\_\_  
*Parent/Guardian Name*

\_\_\_\_\_  
*Preferred Contact Number*

\_\_\_\_\_  
*Date*

**Modified Emergency Medical Consent**

The above-named student has been examined within the past year by a health care professional and is healthy enough to physically participate in school. Records of current immunizations and precautionary screenings have been provided to the school. I give consent for Step By Step Christian School to secure necessary emergency medical care for my child with the following exceptions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Relationship to Student*

\_\_\_\_\_  
*Parent/Guardian Name*

\_\_\_\_\_  
*Preferred Contact Number*

\_\_\_\_\_  
*Date*

**Withhold Emergency Medical Treatment**

Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this. To the best of my knowledge, the above-named student is healthy enough to physically participate in school. I understand that even in the event of an emergency, life-saving medical care may be withheld as Step By Step Christian School makes every reasonable effort to comply with this request.

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Relationship to Student*

\_\_\_\_\_  
*Parent/Guardian Name*

\_\_\_\_\_  
*Preferred Contact Number*

\_\_\_\_\_  
*Date*

## Special Needs Statement

Please check-mark yes if it pertains to your child & describe below:

\_\_\_ **Glasses**

\_\_\_ **Appendicitis**

\_\_\_ **Frequent Strep**

\_\_\_ **Allergies**

\_\_\_ **Eczema**

\_\_\_ **Reflux**

\_\_\_ **High Fevers**

\_\_\_ **Head Injury**

\_\_\_ **Asthma**

\_\_\_ **Febrile Seizures**

\_\_\_ **Tubes in Ears**

\_\_\_ **Premature Birth**

Please list any special **medical or health requirements, differences, or other special needs**. Please include **all allergies, injuries, hospitalizations, existing illness, previous major illnesses, surgeries, and long-term medications**. If none, write **NONE**. If more space is required, please attach a separate sheet. Step By Step must have a written food allergy emergency plan for each child with a known food allergy that has been diagnosed by a health-care professional.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Health Information (cont.)

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**\*\*\*\*\*This form must be updated annually\*\*\*\*\***

In the event a parent, guardian, or other authorized agent, cannot be reached to make arrangements for medical attention, I authorize Step By Step to take my child to the following physician, clinic or hospital:

## Primary Care Physician/Pediatrician

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Office Address: \_\_\_\_\_  
Street

## Preferred Hospital/Urgent Medical Care Facility

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Office Address: \_\_\_\_\_  
Street

City

State

Zip

City

State

Zip

*In the event of critical illness or injury, the child shall be treated by paramedics, transported by ambulance, or taken to the nearest emergency room as circumstances dictate.*

## Immunization Record:

Texas State law requires students attending school to be immunized against certain vaccine-preventable diseases in an effort to protect both the student's health and that of the community. Please remember, students must provide documentation showing that they meet the latest Texas vaccine requirements for Texas school children or have a valid medical or conscientious exemption in order to attend school. Please see the Parent/Student Handbook or [www.dshs.state.tx.us/immunize/school](http://www.dshs.state.tx.us/immunize/school) for more detailed information about currently required vaccinations.

## Exemptions to Immunization Requirements:

Chapter §97.62 of the Texas Administrative Code (TAC) describes the conditions under which individuals can seek exemptions from Texas immunization requirements. Exclusions from compliance are allowable on an individual basis for medical contraindications, reasons of conscience, including a religious belief, and active duty with the armed forces of the United States. Please go to [www.dshs.state.tx.us/immunize/school](http://www.dshs.state.tx.us/immunize/school) to learn the requirements and to request an affidavit for exemption for the student. Affidavits must be updated every two years.

## Medication:

Step by Step keeps several over-the-counter medications on hand to aid the safety and comfort of our students throughout the school day. At the student's request, Step by Step has permission to administer the following medications to my child. Please note that anytime an oral medication has been administered, written notification will be sent to the parents/guardians documenting the name of medication, date & time administered, dosage, and nature of child's complaint. Please note that unless otherwise specified, Step By Step will follow the label recommendations for the student's age, and under no circumstances may we exceed the recommended dosages.

**Please initial to indicate consent:**

| <b>Yes</b><br><small>This medication administering may be administered upon the student's request.</small> | <b>Call First</b><br><small>Please obtain verbal permission from a parent before administering this medication</small> | <b>Emergency Only</b><br><small>This medication may be administered only in cases of life-threatening emergency*</small> | <b>Never</b><br><small>Under no circumstances is this medication to be administered to my child</small> | <b>Name</b>                                            | <b>Special Instructions</b> |
|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-----------------------------|
|                                                                                                            |                                                                                                                        |                                                                                                                          |                                                                                                         | Tylenol - acetaminophen                                |                             |
|                                                                                                            |                                                                                                                        |                                                                                                                          |                                                                                                         | Motrin / Advil - ibuprofen                             |                             |
|                                                                                                            |                                                                                                                        |                                                                                                                          |                                                                                                         | Benadryl Allergy / Antihistamine - diphenhydramine HCL |                             |
|                                                                                                            |                                                                                                                        | X                                                                                                                        |                                                                                                         | Halls Cough Drops - menthol                            |                             |
|                                                                                                            |                                                                                                                        | X                                                                                                                        |                                                                                                         | Neosporin - antibiotic cream                           |                             |
|                                                                                                            |                                                                                                                        | X                                                                                                                        |                                                                                                         | Cortizone 10 - hydrocortisone cream                    |                             |
|                                                                                                            |                                                                                                                        | X                                                                                                                        |                                                                                                         | Tums - calcium carbonate                               |                             |

\*Life threatening emergencies are those such as a fever of 104.0° F or greater, severe and apparent anaphylaxis-induced respiratory distress, or upon the advice of poison control, 911 operators, paramedics, etc.



# Academic Profile

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

## Previous Preschools & Childcares Attended

Please list all schools, preschools, early learning centers, and childcares attended in reverse chronological order. For homeschooled students, please fully explain any curriculum levels used. If more space is required, please attach a separate sheet.

| School Name | School's Complete Address | Phone Number | Ages/Grades Attended | Reason for Leaving |
|-------------|---------------------------|--------------|----------------------|--------------------|
|             |                           |              | -                    |                    |
|             |                           |              | -                    |                    |
|             |                           |              | -                    |                    |

## Previous Activities, Awards & Commendations

Please list any and all previous awards received (both academic and other), extra-academic activities (including church activities, sports teams, scouts, classes, camps, etc.), and any other information which would help give a full picture of the student's interests, skills, and abilities. If more space is required, please attach a separate sheet.

| Activity / Award Name | Description / Organization | Date Received / Ages Active | Currently Participating |
|-----------------------|----------------------------|-----------------------------|-------------------------|
|                       |                            | -                           |                         |
|                       |                            | -                           |                         |
|                       |                            | -                           |                         |

How did you learn about Step By Step Christian School?

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Why do you want your student to attend Step By Step Christian School? If more space is required, please attach a separate sheet.

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Please indicate other information (including special needs, concerns or questions) you feel would be helpful to us in educating and caring for your child. If more space is required, please attach a separate sheet.

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# Academic Profile (cont.)

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

## Academic Background

|                                                                                                                                                                                                                                |   |   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| Does the student take any special medication (allergies, asthma, etc.)?                                                                                                                                                        | Y | N |
| Does the student have any physical handicaps, limitations, or differences (sight, hearing, heart, etc.)?                                                                                                                       | Y | N |
| Does the student have any intellectual handicaps, limitations, or differences (learning disabilities, emotional issues, etc.)?                                                                                                 | Y | N |
| Has the student ever been referred for educational/psychological testing?                                                                                                                                                      | Y | N |
| Is the student currently receiving or has the student previously received the services of any specialist, therapist, tutoring service or other professional to address educational, physical, or emotional needs of the child? | Y | N |
| Has the student had any discipline/conduct problems or been suspended or expelled from any school/childcare?                                                                                                                   | Y | N |
| Has the student been denied admission to another school/childcare?                                                                                                                                                             | Y | N |
| Has the student been asked to withdraw from any school/childcare at any time?                                                                                                                                                  | Y | N |

If yes to any of the answers above, please explain below. If more space is required, please attach a separate sheet.

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Please indicate other information (including special needs, concerns or observations) you feel would be helpful to us in educating and caring for your child. If more space is required, please attach a separate sheet.

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## Personal Profile

Please describe your student's personality and dominant character traits (i.e.: active, timid, helpful, playful, fearful, silly, etc.). Please list any additional comments, suggestions, or concerns that would allow Step By Step to better meet your student's needs. If more space is required, please attach a separate sheet.

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Please describe your parenting style as well as methods of correction and discipline used at home.

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# HCP/Physician's Statement

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**\*\*\*\*\*This form must be updated annually\*\*\*\*\***

**Admission Requirement:** If your child does not attend pre-kindergarten or school away from the child-care operation, the following must be presented when your child is admitted to the child-care operation or within one week of admission. It may be signed by a physician, physician's assistant, nurse practitioner, or any other qualified health care professional.

## Health Care Professional

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Office Address: \_\_\_\_\_

Street

City

State

Zip

## Health-Care Professional's Statement:

I have examined the above named child within the past year and find that he / she is physically able to take part in the preschool/childcare program.

\_\_\_\_\_  
Health Care Professional's Signature

\_\_\_\_\_  
Date

## Exemption to HCP/Physician's Statement

Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this. To the best of my knowledge, the above-named student is healthy enough to physically participate in school.

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Relationship to Student*

\_\_\_\_\_  
*Parent/Guardian Name*

\_\_\_\_\_  
*Preferred Contact Number*

\_\_\_\_\_  
*Date*