



STEEPLECREST CHILDCARE

ENROLLMENT FORMS

About your child

The purpose of these forms is for Steeplecrest Childcare to obtain detailed information regarding your child so that we may better serve your family. Please leave no blanks unfilled and we encourage you to ask for assistance or allow us to answer any questions you may have.

Joshua Hong
Director



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www.steeplecrestchildcare.com

Welcome to Steeplecrest Childcare. We first opened our doors in the fall of 1996 and have been serving the greater Jones Rd. community with excellent childcare and martial arts for over 20 years. Our mission is to *"train children up in the way they should go"* (Proverbs 22:6). At Steeplecrest Childcare, we focus on four aspects of early education: mental, physical, emotional, and spiritual. We seek to accomplish this by teaching children to grow in understanding and in building positive relationships. From a young age, children here are taught God's truths through our daily Bible lessons. Steeplecrest Childcare also employs teachers who truly care about childhood education and your child's well-being. We strive to create an atmosphere where families feel welcome, safe, and loved. Please let us know how our family can enthusiastically serve your family. Thank you.

Sincerely,

Joshua Hong
President



I have been given the following information and understand all policies:

- STEEPCREST CHILDCARE ENROLLMENT INFORMATION
- ADDITIONAL INFORMATION FOR PARENTS
- FINANCIAL AGREEMENT
- STEEPCREST CHILDCARE OPERATIONAL POLICIES
- PROVIDER'S GUIDE TO PARENT'S RIGHTS
- FEE SCHEDULE

Parent's Signature_____

Date_____

Mom's email_____

Mom's cell phone provider(AT&T, Verizon, etc.)_____

Dad's email_____

Dad's cell phone provider(AT&T, Verizon, etc.)_____



ENROLLMENT INFORMATION

* Do not, under any circumstances, leave any section of this form blank. If not applicable, please write N/A in the blank*

Facility Name STEEPLECREST CHILDCARE Owner's Name STEEPLECREST CHILDCARE I, LLC Director's Name Joshua Hong

Child's Name _____ Date of Birth _____ Child's Home Tel # _____

Child's Street Address _____ City _____ State _____ Zip _____

Date of Admission _____ Hours and days child will be in care _____

Parents' (Guardian) Name(s) _____

Street Address (if different) _____ City _____ State _____ Zip _____

Phone numbers where parents (guardian) can be reached when child is in care

Mother's Home # _____ Mother's Work # _____ Mother's Cell or Pager # _____

Father's Home # _____ Father's Work # _____ Father's Cell or Pager # _____

Name of person to call in case of an emergency if Parents (guardian) cannot be reached _____ Relationship to child _____

Emergency person's home # _____ Emergency person's work # _____ Emergency person's Cell or Pager # _____

Emergency Person's Street Address _____ City _____ State _____ Zip _____

I hereby authorize STEEPCREST CHILDCARE to allow my child to leave the center only with the following persons. **List name and telephone number for each person.**

List any and all special problems that your child may have, such as allergies, attention deficit disorder, existing illnesses, previous serious illnesses, injuries in the last 12 months, any medication prescribed for long term continuous use, and any other information that our staff should be aware of: _____

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility director or person in charge to take my child to: (location)

Name of Licensed Physician _____

Physician's Address _____ Physicians Tel # _____

Or take my child to (name of alternate Hospital or Clinic) _____

Physician's Address _____ Physicians Tel # _____

I give my consent for necessary emergency medical treatment when my child is in the care of this physician and/or hospital/clinic.

Signature of Parent or Guardian

Date

Transportation: I hereby (check one) ☐ Give ☐ Do not give my consent for my child to be transported and supervised by STEEPCREST CHILDCARE Staff:

☐ On field trips

☐ To and from school

☐ To and from home

Water Activities: I hereby (check one) ☐ Give ☐ Do not give my consent for my child to participate in water activities:

☐ Wading pools

☐ Swimming pools

☐ Other bodies of water provided by STEEPCREST CHILDCARE

Other Parent Comments: _____

Name of school my child will be attending _____ School Tel # _____

My child's immunization record is on file at the school indicated above and all immunizations and tuberculosis test results are current ☐ Yes ☐ N/A

My child's audio / visual record is on file at the school indicated above and all audio / visual test results are current ☐ Yes ☐ N/A

Signature – Parent or Legal Guardian

Date



ADDITIONAL INFORMATION FOR STEEPLECREST CHILDCARE PARENTS

1. To better protect your child, we will need you to come inside the building to sign them in and out each day.
Only adults may check children in or out of the center.
2. Full payment for childcare service is expected on Mondays (Tuesday morning in the case of customers utilizing Tuition Express). All amounts not paid timely will additionally be charged interest at the maximum legal rate (18% per annum).
3. Steeplecrest Childcare cannot release your child to any unauthorized person. A biological parent has the legal right to pick up their child even without being designated on your child's enrollment information sheet.
A copy of a court order is needed to prevent this person from having access to your child.
4. If your child will not attend Steeplecrest Childcare due to illness, dr.'s appointment, etc., please call us in advance. There will be a \$15 fee if we are kept waiting at a school because you didn't call to inform us of your child's absence.
5. If the Cy-Fair ISD system closes due to inclement weather, you can expect that we will also be closed.
6. There will be a \$5 fee if you are picking up your child after 6:30 P.M. If you are 10 minutes late, there will be a \$1 per minute fee after the initial \$5 fee. Your child's presence after hours puts the center out of compliance with the regulations concerning childcare centers in the state of Texas.
7. Returned checks and returned credit card charges will need to be paid immediately. A fee of \$25 is required to cover bank charges Steeplecrest Childcare incurs as a result of failed transaction.
8. Steeplecrest Childcare strongly recommends that your child leave all of his/her belongings at home. This includes games, toys, and all non-apparel related items. If a handheld video game system (Nintendo DS) is brought to the center by your school-aged child, it is done so at their own risk and is only permitted on Fridays during the school year.
9. Steeplecrest Childcare takes photos and videos of children and posts to a variety of media regularly. If you would like your child to be opted out of this, please indicate with your initials here_____.
10. Please inform the center if your child will no longer need care provided by Steeplecrest Childcare. Two weeks written notice is required.

Signature: _____ Date: _____



Financial Agreement

I agree to pay Steeplecrest Childcare I, LLC (dba: Steeplecrest Childcare) for childcare services. My tuition is due in full, on Monday each week. Furthermore, I have read and understand about Steeplecrest Childcare's vacation policy and my duty to pay regardless of my child(ren)'s presence. I agree to be charged the maximum legal rate of 18% per annum in interest for all amounts not paid timely. I recognize that my failure to pay on time places my child(ren) at risk of losing their enrollment at Steeplecrest Childcare.

Weekly rate during the school year: _____

Weekly rate during the summer: _____

Weekly rate for vacation weeks: _____

Signature _____ Date _____

Printed Name _____

Signer's Driver's License



Parent Orientation Checklist

Name of child: _____

Name of parent/guardian: _____

- ☐ Opportunity to tour the center
- ☐ Introduction to Steeplecrest Team Members
- ☐ Overview of the parent handbook
- ☐ Policy for arrival and late arrival
- ☐ Opportunity for an extended visit in the classroom by both myself and my child for a period of time to allow us both to be comfortable
- ☐ Explanation of the Texas Rising Star Program
- ☐ Encouragement to share elements of my enrollment so that the provider may assist, if applicable
- ☐ Family support resources and activities in the community
- ☐ Child development and developmental milestones

Expectations of families:

- ☐ The significance of consistent arrival time, including:
 1. Before the educational portion of the school begins
 2. Impact of disturbing other children's learning
 3. The importance of consistent routines in preparing children for the transition to Kindergarten
- ☐ Statement about limiting technology use on site to improve communication between Steeplecrest Team Members, children, and families.
- ☐ Statement reflecting the role and influence of families

I acknowledge receipt of the above information.

Parent/Guardian	Signature	Date
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Staff	Signature	Date
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STEEPLECREST CHILDCARE FEE SCHEDULE

Registration Fee

Annual Registration	\$99.00
Additional Summer Fee	\$150.00 (School-Age only)

Supply Fee (Pre-K only)

There will be an annual supply fee of \$50 assessed in the fall.

6 Weeks – 18 Months

Weekly	(Payment must be made on Monday)
	\$289

18 Months & 2-Year-Olds

Weekly	(Payment must be made on Monday)
	\$229

3 & 4-Year-Olds

Weekly	(Payment must be made on Monday)
	\$209 (If Potty-Trained)

Fall Rates for School Age

Weekly	(Payment must be made on Monday)
After School	\$99
Before & After School	\$115
Before School Only	\$75

Summer Rates for School Age

Weekly	\$199 (Payment must be made on Monday)
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Additional Fees

Holiday	\$199.00	Spring Break, Thanksgiving, & Christmas
School Holiday	\$25.00	Per day plus any activity fee