



at Fair Oaks
12001 Lee Hwy
Fairfax, VA 22030
(703) 502-8100

at Crystal City
1235 South Clark Street
Arlington, VA 22202
(571) 312-1052

www.sparklesontheweb.com

Dear Parents:

Thank you for your interest in Sparkles! Early Learning Academy. Enclosed you will find information about our centers, and we would be happy to arrange a meeting with you to answer any additional questions that you may have.

Registration forms (with a non-refundable fee) are being accepted now on a first-come, first serve basis. Upon acceptance, an Enrollment Agreement and additional paperwork will be given to you, which must be completed and returned with a non-refundable deposit equal to one-week tuition in order to reserve the child's place in the program. This deposit will be applied to any balance that remains upon withdrawal with a 2-week notice. There is a 5% tuition reduction for the oldest child in a family and for active military families.

Our hours of operation are from 6:30am to 7:00pm at Crystal City and 6:00am to 7:30pm at Fair Oaks Monday through Friday. While your child is in our care we will provide one snack in the morning, one meal and one snack in the afternoon.

Our logo is a star with human features symbolizing the ability for each and every one of us to shine given the right opportunities. We have affectionately named it "Lucky", because we indeed need to thank our "Lucky Star" when we are able to trust others with the care of our children. We will earn that trust!

Please feel free to call us or visit our website at www.sparkleschildcare.com and let us know if you have any additional questions.

Sincerely,

Sparkles! Team



Fair Oaks

Crystal City

Parent(s)/Guardian

Date

CHILD REGISTRATION

Child Last Name:	Child First Name:	Starting Date:	Date of Birth:	Sex:
Address:		City/Zip Code/State:		
Chronic Physical Problems/Pertinent Development Information/Special Accommodations Needed:				
Previous Child Day Care Programs and/or Schools Attended				

PARENT (S)/GUARDIAN (S)

Father name:	Place Employed:	Business Phone:
Home Address:		Home Phone:
City/State:	Zip Code:	Cell Phone:
Ok to send information via email: Yes <input type="checkbox"/> No <input type="checkbox"/>	Primary e-mail Address:	Secondary e-mail Address:
Mother name:	Place Employed:	Business Phone:
Home Address:		Home Phone:
City/State:	Zip Code:	Cell Phone:
Ok to send information via email: Yes <input type="checkbox"/> No <input type="checkbox"/>	Primary e-mail Address:	Secondary e-mail Address:
Person (s) or Agency Having Legal Custody of Child:		
Home Address:		Home Phone:
Business Address:		Business Phone:

EMERGENCY INFORMATION

Allergies or Intolerance to Food, Medication, etc., and Action to take in an Emergency:		
Child's Physician:	Phone:	
Two People To Contact if Parent(s) Cannot Be Reached	Address:	Phone:
1.		
2.		
Person(s) Authorized To Pick Up Child		
Person(s) <u>NOT</u> Authorized To Pick Up Child*		

- Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child.
- NOTE: Section 22.1-4.3 of the Code of Virginia states that unless a court order has been issued to the contrary, the noncustodial parent of a student enrolled in a public school or day care center must be included, upon the request of such noncustodial parent, as an emergency contact for events occurring during school or day care activities



REGISTRATION AGREEMENT

1. Sparkles! agrees to notify the parent(s)/guardian(s) whenever the child becomes ill. The parent(s) /guardian(s) will arrange to have the child picked up as soon as possible, if so requested by the center.
2. The parent(s)/guardian(s) authorize the center to obtain immediate medical care, if any emergency occurs when the parent(s)/ guardian(s) cannot be located immediately. **
3. The parent(s)/guardian(s) agrees to inform the center within 24 hours or next business day, after the child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.
4. The non-refundable registration fee and the non-refundable deposit equaling 1-week tuition amount, per the attached price list, are due at the time of registration. Unless both of these amounts are received, space will not be reserved for your child(ren).

SIGNATURES

Parent(s) or Guardian(s)	Date
Administrator of Center	Date

Date Child Entered Care: _____ **Date Left Care** _____

**** If there is an objection to seeking emergency medical care, a statement needs to be obtained from the parent(s) or guardian(s) that states the objection and the reason for the objection.**

**OFFICIAL USE ONLY
IDENTITY VERIFICATION**

Proof of identity of the child is required and NO copy will be kept. Please fill out the following:

Place of Birth:	Birth Date:	Birth Certificate Number:	Date Issued:
Other Form of Proof:	Date Documentation Viewed:	Person Viewing Documentation:	

Date of Notification of Local Law-Enforcement Agency (when required proof of identity is not provided):
Date _____

Proof of the child’s identity and age may include a certified copy of the child’s birth certificate, birth registration card, notification of birth (hospital, physician or midwife record), copy of the placement agreement or other proof of the child’s identity from a child placing agency (foster care and adoption agencies), record from a public school in Virginia, certification by a principal or his designee of a public school in the U.S. that a certificated copy of the child’s birth record was previously presented or copy of the entrustment agreement conferring temporary legal custody of child to an independent foster parent. Viewing the child’s proof of identity is not necessary when the child attends public school in Virginia and the center assumes responsibility for the child directly from the school (i.e., after school program) or the center transfers responsibility of the child directly to the school (i.e., before school program). While programs are not required to keep the proof of the child’s identity, documentation of viewing this information must be maintained for each child.



PARENT(S)/GUARDIAN(S) EMERGENCY CONTACT INFORMATION

Date Updated _____

Fair Oaks

Crystal City

CHILD INFORMATION

Child Last Name:	Child First Name:	Nickname:	Date of Birth:	Sex:
Street Address:		City:	Zip Code	

PARENT (S)/GUARDIAN (S)/EMERGENCY CONTACT

Father's name:	Emergency Number 1:	Emergency Number 2:
Ok to send information via email: Yes <input type="checkbox"/> No <input type="checkbox"/>	Primary e-mail Address:	Secondary e-mail Address:
Mother's name:	Emergency Number 1:	Emergency Number 2:
Ok to send information via email: Yes <input type="checkbox"/> No <input type="checkbox"/>	Primary e-mail Address:	Secondary e-mail Address:
Other Emergency Contact name:	Emergency Number 1:	Emergency Number 2:
Ok to send information via email: Yes <input type="checkbox"/> No <input type="checkbox"/>	Primary e-mail Address:	Secondary e-mail Address:

Sparkles! Early Learning Academy will make every effort to contact you during an emergency situation, by completing this form you are authorizing Sparkles! to contact you through the above mentioned contact information. Please make sure you keep this information updated.

Parent(s) or Guardian(s)

Date

Administrator of Center

Date



ENROLLMENT AGREEMENT BETWEEN

Parents or Legal Guardians (“Parents”) and Sparkles! at _____ (“Sparkles!”)

By signing this Enrollment Agreement I/we affirm that I/we have read and understood this Agreement as well as the Sparkles! Parent Handbook, and agree to abide by all policies and procedures contained therein.

I/WE AGREE TO ALL OF THE FOLLOWING:

I/we hereby enroll my/our child, _____, DOB _____, in Sparkles!. The days the child will be attending the center are (please circle) Mon Tue Wed Thu Fri, between the hours of _____ and _____. The program my child will be enrolled in is _____. Enrollment begins on _____ and may be terminated at the completion of any weekly tuition period with a minimum of a 2-week written notice of withdrawal **or by Sparkles! pursuant to the terms of this Enrollment Agreement and/or the terms of the Parent Handbook.**

TUITION, REGISTRATION FEE & DEPOSIT

1. I/we agree to pay the weekly tuition of \$_____. Tuition payments are non-refundable and will not be pro-rated. The following discount was applied to this weekly tuition rate (please circle) 5% Sibling Discount or 5% Military Discount. For temporary Promotion Discount please attach Promotion Certificate. _____ (Initials)
2. I/we agree to pay weekly tuition by Monday of each week before services are rendered. I/we understand and agree that payments received after Tuesday, are considered late and a late payment fee will be charged to your account. _____ (Initials)
3. I/we agree to pay a Registration Fee of \$_____ which is due at time of registration and is non-refundable. A Re-registration fee is collected thereafter annually. _____ (Initials)
4. I/we agree to pay a non-refundable Deposit of \$_____ which is due at time of registration. This will be applied to last weekly tuition of the enrollment period as long as the aforementioned 2-week withdrawal notice is provided. If the withdrawal notice is not provided I/we agree to be responsible for tuition through the last weekly period of enrollment and the Deposit will be forfeited. _____ (Initials)
5. I/we agree that a returned check is assessed a processing fee. I/we understand that credit cards or money orders will be the only form of payment after one (1) returned check for a period of three months.
6. Parent agrees to make reasonable efforts to abide by the program chosen above (attending days and times) allowing Sparkles! to properly plan for day-to-day operational requirements—such as scheduling staff, ordering lunches and snacks, etc. In the event the child(ren) are brought to the center on days or at times not included in this agreement (“off schedule”), a \$50 per off schedule day administrative fee will be charged and, in the case of *additional* days or times, the weekly tuition will be adjusted based on the actual number of days the child(ren) attended. Notwithstanding the foregoing, Sparkles! reserves the right to not accept the child(ren) off schedule due to over capacity, insufficient staff, or other concerns deemed by Sparkles!.
7. My/our tuition, in whole or in part, is subsidized by _____. (i) I/we agree to choose a program based on my/our authorized number of days; (ii) for any day that the agency does not reimburse Sparkles! due to my/our child(ren)’s absence or my/our negligence in fulfilling my/our reporting responsibility, which, depending on the agency could be swiping a card or signing Sparkles!’s attendance report in a timely manner when notified, I/we will be personally responsible to pay for those days at the agreed upon rate indicated on my/our certificate. With regards to my/our co-pay and any other payment for which I/we are responsible, all other payment terms contained herein are applicable. _____ (Initials)



ENROLLMENT AGREEMENT (Continued)

ADDITIONAL TERMS

1. I/we understand and agree that, while my child is enrolled, there is no reduction or refunds of tuition for days missed due to illness, snow, vacation, holidays, withdrawal, etc. within any tuition period.
2. I/we understand that Tuition and other fees are reviewed periodically and I/we will be given thirty (30) day notice of any changes to the Tuition or fees. See Parent Handbook for further details regarding fees.
3. I/we agree that if Tuition is increased the non-refundable Deposit will be increased accordingly.
4. I/we understand and agree that continued enrollment is dependent on prompt tuition payment. Receipts for payments received are available upon request.
5. I/we understand and agree that Sparkles! charges interest in the amount of 1.5% per month for past due payments more than one month overdue. I/we agree to reimburse Sparkles! for any and all fees and costs associated with collection of past due accounts, including court costs and attorney's fees if the account goes to collection.
6. I/we understand and agree Sparkles! charges additional fees for Late Pick Up as stated in the Price List and Parent Handbook. I/we agree to pay Late Pick Up fees at the time of pick-up by check or credit card.
7. I/we understand and agree that Sparkles! reserves the right to terminate enrollment if late arrival for pick up is habitual.

WITHDRAWAL

1. I/we understand that a 2-week advance notice is required when a child is voluntarily withdrawn from Sparkles!.
2. I/we understand that a child may be dismissed from Sparkles! if the child's behavior is deemed to constitute a hazard to other children or staff. Other grounds for dismissal exist as outlined in the Parent Handbook.
3. I/we understand that a child may be dismissed from Sparkles! if the child does not adjust to the center's program and this condition remains after a discussion with the parent regarding the ability of the child to participate.
4. I/we understand that a child may be dismissed if a parent's language or actions are abusive to the children and/or to staff.

HEALTH AND SAFETY

1. I/we agree to walk my/our child(ren) into the classroom each morning and to ensure that a Sparkles!'s teacher is present before I/we release my/our child(ren). I/we agree that the child(ren) will be "signed in" upon arrival and "signed out" upon departure each day.
2. I/we agree that no medication, including over the counter, will be administered unless specified on Sparkles!'s Medication Form and with written instructions from a physician. I/we understand that all prescribed medications must be in the dated original container.
3. I/we understand and agree to have my/our child(ren) picked up within one hour of notification that my/our child(ren) have become ill or hurt or when requested by the center.
4. I/we agree to inform Sparkles! within 24 hours or the next business day after my/our child(ren), or any member of the immediate household has developed a reportable communicable disease as defined by the State Board of Health, except for life threatening diseases, which I/we agree to report immediately.



ENROLLMENT AGREEMENT (Continued)

- 5. I/we agree that my/our child(ren) may not attend Sparkles! with any illness that threatens the health of other children, or that prevents their participation in the center’s routine. I/we understand and agree that the Health Department regulations governing periods of infection will be enforced and I/we agree to abide by all Sparkles!’s illness policies set forth in a written notice or in the Parent Handbook. Specifically, I/we agree that our child(ren) may not attend the center if my/our child(ren) is/are vomiting, has/have diarrhea or a fever of 100 degrees either alone or in combination with other symptoms including a sore throat.
- 6. I/we agree that our child(ren) will obtain all age-appropriate immunizations as required by the Virginia Department of Health Services.
- 7. I/we understand that my/our child(ren) will be released only to authorized individuals. No child will be released to someone whose name is not on file. Unless additional names are provided in writing by parents, only the parents/guardians identified below are authorized individuals.
- 8. Sparkles! makes every effort to keep all children safe, however, accidents sometimes happen. I/we for myself/ourselves and on behalf of my/our child(ren), hereby release and discharge Sparkles!, its partners, agents, employees and affiliates (“Released Parties”) from all claims, demands, damages, actions, causes of actions, suits, judgments and executions whatsoever, in law or equity, which I/we, the child(ren), our heirs, executors, assigns or administrators ever had, now has, or may have, or claim to have, against the Released Parties by reason of my/our child(ren)’s attendance at Sparkles! I/we agree, for myself/ourselves, my/our child(ren) and any other claimant that the Released Parties will not be liable and no claims will be made against the Released Parties if my/our child(ren) should suffer personal injury or death as a result of my/our child(ren)’s attendance at Sparkles!.
- 9. I/we agree that Sparkles! has our permission for the child(ren) to take field trips within walking distance from the center. Parents will be given prior notice of all field trips and will be asked to sign a Field Trip Permission slip for all field trips that require transportation. _____ (Initial)
- 10. I/we authorize Sparkles! to obtain immediate medical care for my/our child(ren) if any emergency occurs or if I/we cannot be contacted immediately. _____ (Initial)
- 11. I/we authorize Sparkles! to use photos and other recordings of my/our child(ren) for training and professional development and for promotional purposes. _____ (Initial)
- 12. I/we have read, and agree to abide by, the terms and conditions of the Sparkles! at Crystal City Parent’s Handbook and this Enrollment Agreement. I/we understand that Sparkles! reserves the right to change existing policies or introduce new policies immediately upon written notice.

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

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

_____ Date: _____

For SPARKLES! _____ Date: _____

Director



ENROLLMENT AGREEMENT ADDENDUM

Parents or Legal Guardians (“Parents”) and Sparkles! at _____ (“Sparkles!”)

By signing this Enrollment Agreement Addendum I/we affirm that I/we have read and understood this addendum as well as the Enrollment Agreement and the Sparkles! Parent Handbook, and agree to abide by all policies and procedures contained therein.

Child’s Name _____ DOB _____

PROGRAM, TUITION AND/OR DEPOSIT ADJUSTMENTS

1. The days the child will be attending the center are (please circle) Mon Tue Wed Thu Fri
During the hours of _____ and _____ The program the child will be enrolled in
is _____

I/we agree to pay the new weekly tuition of \$ _____

I/we agree to adjust my deposit to \$ _____

Effective Date _____

Print Parent/Guardian Name Parent/Guardian Signature Date

Sparkles! Representative Date

2. The days the child will be attending the center are (please circle) Mon Tue Wed Thu Fri
During the hours of _____ and _____ The program the child will be enrolled in
is _____

I/we agree to pay the new weekly tuition of \$ _____

I/we agree to adjust my deposit to \$ _____

Effective Date _____

Print Parent/Guardian Name Parent/Guardian Signature Date

Sparkles! Representative Date

3. The days the child will be attending the center are (please circle) Mon Tue Wed Thu Fri
During the hours of _____ and _____ The program the child will be enrolled in
is _____

I/we agree to pay the new weekly tuition of \$ _____

I/we agree to adjust my deposit to \$ _____

Effective Date _____

Print Parent/Guardian Name Parent/Guardian Signature Date

Sparkles! Representative Date



SPARKLES! AUTHORIZATIONS

1. SPARKLES! LOCATION FOR AUTHORIZATIONS

- a. **Address:** _____
- b. **City:** _____
- c. **State, Zip Code:** _____

2. CHILD INFORMATION

Child's Name: _____ DOB: _____

3. PERMISSIONS FOR EMERGENCY MEDICAL TREATMENT.

I authorize Sparkles! to obtain all necessary emergency care for my child

Signature of Parent/Guardian: _____ Date: _____

4. ILLNESS.

In the event of an emergency or illness, I will make arrangements for my child to be picked up from Sparkles! within one (1) hour after I am notified.

Signature of Parent/Guardian: _____ Date: _____

5. TRANSPORTATION

I authorize my child to participate in Sparkles! sponsored field trips and be transported for such activities.

Signature of Parent/Guardian: _____ Date: _____

I authorize my child to be transported to/from school (if applicable).

Signature of Parent/Guardian: _____ Date: _____

6. PHOTOS

I authorize Sparkles! to take and use photographs of my child for class projects, center display area, publicity, etc.

Signature of Parent/Guardian: _____ Date: _____



CHILD HISTORY

Child's Name: _____ Nickname _____ DOB _____

Every child is special and unique. In order for us to help to get to know your child and family, we need your help with this questionnaire. The ultimate goal is to be able to meet the needs of your child. Together we will become a great team.

Mother's Name: _____ Occupation: _____

Father's Name: _____ Occupation: _____

Please list all members of your family, including pets:

- | | |
|----------|---------------------|
| 1- _____ | Relationship: _____ |
| 2- _____ | Relationship: _____ |
| 3- _____ | Relationship: _____ |
| 4- _____ | Relationship: _____ |
| 5- _____ | Relationship: _____ |
| 6- _____ | Relationship: _____ |

Child's and family's favorite activities:

- 1- _____
- 2- _____
- 3- _____

Generally, how would you describe your child?

- 1- Physically: _____
- 2- Socially: _____
- 3- Emotionally: _____
- 4- Intellectually: _____

What languages, other than English, do you speak regularly at home?

- 1- _____
- 2- _____

What methods of discipline do you find most effective?

The most ineffective?



CHILD HISTORY (continued)

Has your child been in day care, school or another peer group before?

No

Yes, Name: _____ Type: _____

Length of attendance: _____ Experience: _____

Are there particular areas in which your child needs special encouragement and support?

Does your child take a nap?

No

Yes,

Mornings

Afternoons

Is your child toilet trained?

No

Yes, does your child have any special word for toileting _____

Are there any foods your child may not or cannot eat (due to allergies, religion or customs, etc.)?

No

Yes, please list:

1- _____

2- _____

3- _____

Special Interest:

Singing

Painting

Stories

Trucks

pets

Dancing

Other _____

Is there anything that your child is afraid of?

1- _____

2- _____

3- _____

Is there anything else that you think we should know to help us understand your child?



AUTHORIZATION FOR EMERGENCY TREATMENT

I, _____, hereby authorize any physician member of the
(Parent or Guardian)

Department of Emergency Medicine or any member of the Medical Staff of Virginia Hospital Center, Fair Oaks Hospital or other facility as determine by the rescue squad, to render medical treatment which in her/his judgment may be deemed necessary in the care of

(Child or Dependent)

Child's Date of Birth: _____ Last Tetanus Shot _____

Child's Allergies (if any): _____

Child's Doctor: _____ Phone: _____

Family Doctor: _____ Phone: _____

Medicines Child is taking: _____

Outstanding Medical History (e.g., Diabetes, Heart Disease, etc.) _____

Insurance Information

Insurance Company: _____

Identification #: _____ Policy #: _____

Subscriber's Name: _____ Phone: _____

Subscriber's Place of Employment: _____

Family Information

Mother's Name: _____ Father's Name: _____

Home Phone #: _____ Home Phone #: _____

Business Address: _____ Business Address: _____

Business Phone #: _____ Business Phone #: _____

Cell Phone #: _____ Cell Phone #: _____

Parent(s)/Guardian(s) Signatures

Date



RECURRING TRANSACTION ENROLLMENT FORM

DATE : _____ CHILD NAME: _____	
NAME OF ACCOUNT PRINCIAL: _____ First Name Last Name	
CREDIT CARD NUMBER: _____	
EXPIRATION DATE: _____ SECURITY CODE: _____ mm/dd/yy	
TYPE OF CREDIT CARD: <input type="checkbox"/> VISA <input type="checkbox"/> MASTER CARD <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> DISCOVER	TYPE OF ACCOUNT: <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> DEBIT CARD
ADDRESS WHERE YOU RECEIVE YOUR STATEMENTS STREET: _____ CITY, STATE _____ ZIP CODE: _____	
E-MAIL ADDRESS : _____	
I authorize Sparkles! to debit the credit card or debit card specified above the weekly tuition and any additional charges related to my account including any outstanding balance after my child(ren) withdrawal. _____ Authorized Signature Date	



REMOTE CAMERA VIEWING AT CRYSTAL CITY



Dear Parent,

Welcome to WatchMeGrow. As a parent of Sparkles! at Crystal City, you have the ability to view your child online via streaming video and share in their day. From your home, office, or any other internet connected computer, you can log on to the website and be connected directly to your child's classroom.

The cost of this service is as stated in the Price List and will be billed to your account with Sparkles! on the first of each month. To sign up for the service, simply go to the website at www.watchmegrow.com. Click on "Sign Up" and complete the form. Your account will be activated as soon as WatchMeGrow verifies your information with Sparkles! at Crystal City.

Once your account has been approved, when you log into your account, you can click on "My Account" and add additional users.

Please visit the website at www.watchmegrow.com to see what options are available for your family. Also, you may contact WatchMeGrow via phone at 1-800-483-5597.



REMOTE CAMERA VIEWING AT FAIR OAKS



Dear Parent,

Welcome to MyToddlerLink! As a parent of Sparkles! At Fair Oaks you have the ability to view your child at anytime throughout the day. Here at MyToddlerLink we are dedicated to keeping parents connected to their son or daughter via the Internet. From the computer at your office, or any other internet connected computer, you can log on to our website and be connected directly to your child's playroom or classroom.

Once you join MyToddlerLink, you are entitled to six (6) usernames per account. This means that parents, grandparents, relatives, or anyone else you choose to share this service with is entitled to do so at no additional cost. To sign up for the service, simply go to our website at www.MyToddlerLink.com, click on "Interested Sign Up?" and follow the instructions. When it asks you to enter your center code, please enter: **SPARKFAIR** for Fair Oaks. You will receive an email within two (2) business days confirming you as an authorized user. Once you receive that email, simply log on to our website with the username and password you choose when you applied.

Once you have been approved as an authorized user, when you log into the site, you will have the option of inviting guests to use your account. You may use this feature to invite up to five additional family members and/or friends to share in the joy of watching your child.

Please take a look at our website at www.MyToddlerLink.com and see what we have to offer for you and your family. Please feel free to contact me with any questions, comments, or concerns at 888-376-8034 or via email at customerservice@mytoddlerlink.com.

Best Regards,

Paul Edwards
1604 Springhill Rd, STE 250 • Vienna, VA 22182
Toll Free/Fax: 888.376.8034
www.mytoddlerlink.com

MyToddlerLink Fee:
\$35/Month



Sparkles!
*Early Learning
Academy*

Center Visit Checklist

- Does the facility have an up-to-date license?
- Is it clean?
- What are the hours the center is open?
- Is there a limit on the number of hours your child can attend during the hours of operation?
- Is there enough space for the children to play safely?
- Is there enough furniture and play equipment for all of the children?
- Is all equipment in good repair and age appropriate?
- Are dangerous materials and solutions safely out of reach?
- Is there a safety monitoring system in place?
- Does the director observe the rooms on a regular basis?
- Is there an adequate fire safety system in place including alarms, sprinklers, and alternate exits?
- Are the meals and snacks provided? If so are they nutritious, age appropriate, and served on time?
- Are the physical, emotional and intellectual needs of the children met by the staff?
- Are the children able to spend time with their friends and alone throughout the day?
- Is there time spent outdoors when weather permits?
- Is the staff exposed to continuing education so they can grow professionally.
- Are there regular communications between parents, children, staff and directors?
- What are the centers' philosophies on discipline?



SPARKLES CHILD CHECKLIST

Items needed for 1st day of school:

Infants:

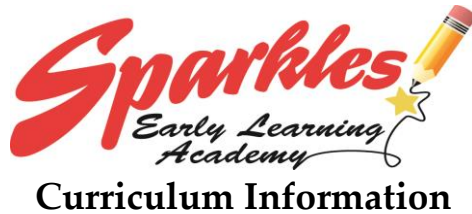
- **Bottles**
- **Formula/breast milk**
- **Pampers**
- **Wipes**
- **2 change of clothes**
- **Bibs**
- **Standard crib sheet**
- **Blanket**
- **A plastic bag labeled with the child's name**
- **A box of tissues**
- **A comb or brush in a zip-loc plastic bag**

Tots & 2's:

- **2 change of clothes**
- **Blanket**
- **Pampers/pull-ups**
- **Wipes**
- **Sippy cup for Tots**
- **A plastic bag labeled with the child's name**
- **A box of tissues**
- **A comb or brush in a zip-loc plastic bag**

Preschool (3-5yrs)

- **2 change of clothes**
- **Blanket**
- **A plastic bag labeled with the child's name**
- **A box of tissues**
- **A comb or brush in a zip-loc plastic bag**



Sparkles! utilizes Creative Curriculum, a research-based curriculum as our primary resource tool. Creative Curriculum is a complete, nationally recognized curriculum system that incorporates the latest research and best practice strategies to address the learning needs of infants, toddlers and twos; preschool children and school-age children by using 38 age-specific objectives for learning and development. Our classrooms are separated by learning/activity centers allowing children to move, explore and satisfy their curiosity

Teachers are able to observe children in the context of every day experiences, which is an effective way to learn what children know and what they are able to do. Children experience learning across 10 specific learning domains:

- Social Emotional
- Physical
- Language
- Literacy
- Math
- Science and Technology
- Cognitive
- The Arts
- Social Studies
- English Language Acquisition

Creative Curriculum objectives are aligned with the school readiness standards of Virginia's Foundation Blocks for Early Learning as well as with the Virginia Common Core State Standards of Learning (SOL's).