



**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.sparkleschildcare.com](http://www.sparkleschildcare.com)

*Dear Parents:*

*Thank you for your interest in Sparkles! Child Care Centers. Enclosed you will find information about our centers, and we would be happy to arrange a meeting with you to answer any additional questions 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 6:30 am to 7:00 pm at Crystal City and 6:00 am to 7:00 pm 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 afternoon snack.*

*Our logo is a star with human features symbolizing each of us's ability 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](http://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 or Legal Guardian name:	Place of Employment:	Primary Email Address:
Home Address:		Home Phone:
City/State:	Zip Code:	Cell Phone:
Business Address:		Business Phone:
City/State:	Zip Code:	Primary Contact Phone:
Mother or Legal Guardian name:	Place of Employment:	Primary Email:
Home Address:		Home Phone:
City/State:	Zip Code:	Cell Phone:
Business Address:		Business Phone:
City/State:	Zip Code:	Primary Contact Phone:
Person or Agency with Temporary Legal Custody		Phone Number:

**EMERGENCY CONTACT 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 and are authorized to pick up the child.	Address:	Phone:
1.		
2.		
<b>Additional Person(s) Authorized To Pick Up Child</b>		
<b>Person(s) <u>NOT</u> Authorized To Pick Up Child*</b>		

- 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 daycare center must be included, upon the request of such noncustodial parent, as an emergency contact for events occurring during school or daycare 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 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 a 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).
5. The parent(s)/guardian(s) authorized Sparkles! to contact them directly and through a third party’s emergency communication systems by sharing their contact information on this form.

**SIGNATURES**

<b>Parent(s) or Guardian(s)</b>	<b>Date</b>
<b>Administrator of Center</b>	<b>Date</b>

**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:**

<b>Place of Birth:</b>	<b>Birth Date:</b>	<b>Birth Certificate Number:</b>	<b>Date Issued:</b>
<b>Other Form of Proof:</b>	<b>Date Documentation Viewed:</b>	<b>Person Viewing Documentation:</b>	

**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 the 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.**



## 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 for days missed or emergency closings. If applies, the following discount was calculated into 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 non-refundable Registration Fee of \$\_\_\_\_\_ which is due at time of registration. A Re-registration fee is collected thereafter annually. \_\_\_\_\_ (Initials)
4. Based on the enrollment date of \_\_\_\_\_ I/we agree to pay a non-refundable Deposit of \$\_\_\_\_\_ corresponding to one weekly tuition for each month from the date of this Agreement until the enrollment date. One weekly tuition amount of the Deposit will be applied to the last week of the enrollment period as long as a 2-week withdrawal notice is provided. If any, the remaining deposit amount will be applied to any balance due in the account every week until the remaining Deposit is consumed. If I/we decide to withdraw before the remaining deposit balance is consumed, the residual amount will be forfeited. If I/we decide not to start enrollment, the full deposit amount is forfeited. \_\_\_\_\_ (Initials)

The Deposit or the portion corresponding to one weekly tuition amount is due upon execution of this Agreement. The remaining portion, if any, may be paid in monthly installments corresponding to a weekly tuition amount due on the 1<sup>st</sup> day of the month until the full deposit amount is paid. I/we understand that if payment is not received according to the aforementioned terms, space will no longer be reserved, and any deposit amounts paid will be forfeited. \_\_\_\_\_ (Initials)

5. I/we understand that credit cards, debit cards, or money orders will be the only form of payment after one.
6. I/we agree 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 overcapacity, insufficient staff, or other concerns deemed by Sparkles!.



## ENROLLMENT AGREEMENT (Continued)

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 for paying for those days at the agreed-upon rate indicated on my/our certificate. Regarding my/our co-pay and any other payment for which I/we are responsible, all other payment terms contained herein are applicable. \_\_\_\_\_ (Initials)

### ADDITIONAL TERMS

1. I/we understand and agree that, while my child is enrolled, there is no reduction, proration or refunds of Tuition Fees for days missed due to snow day, illness or suspected communicable disease, vacation, holidays, withdrawal, emergency closing, suspension, 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. At the time of any price adjustment due to change of program or age, the then current Pricelist will apply.
3. I/we agree that if Tuition changes, the non-refundable Deposit will be adjusted 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 of 1.5% per month for past-due payments for more than one month overdue. I/we agree to reimburse Sparkles! for any and all fees and costs associated with collecting past-due balances, including court costs and attorney's fees if the account goes to a collection agency.
6. I/we understand and agree that Sparkles! will charge 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 routine.

### 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, this condition remains after a discussion with the parent regarding the child's ability 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 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 dated and on the original container.



**ENROLLMENT AGREEMENT (Continued)**

- 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 conditions, which I/we agree to report immediately.
- 5. I/we agree that my/our child(ren) may not attend Sparkles! with any illness that threatens other children’s health or 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 outlined in a written notice or 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 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 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: \_\_\_\_\_, \_\_\_\_\_

For SPARKLES! \_\_\_\_\_

Director

\_\_\_\_\_

Date



## 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 an emergency or illness event, 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 promotional and marketing purposes only for our Early Learning Program, on our website, social media, etc.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### 7. EMERGENCY COMMUNICATION

I authorize Sparkles! to share our contact information with a third party's emergency communication systems for emergency announcements.

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 regularly speak at home?

- 1- \_\_\_\_\_
- 2- \_\_\_\_\_

What methods of discipline do you find most effective?

\_\_\_\_\_

\_\_\_\_\_

The most ineffective?

\_\_\_\_\_

\_\_\_\_\_



### CHILD HISTORY (continued)

Has your child been in daycare, 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?

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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?

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## 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: \_\_\_\_\_

Relevant 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 Authorization Form

DATE : _____ CHILD NAME: _____	
NAME OF ACCOUNT PRINCIPAL: _____ 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 charge the credit card or debit card specified above with the weekly Tuition and any additional charges related to my account, including any outstanding balance after my child(ren) withdrawal date.  _____ Authorized Signature Date	



## REMOTE CAMERA VIEWING SYSTEM



Dear Parent,

Welcome to WatchMeGrow. As a parent of Sparkles! at Early Learning Academy, 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](http://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 Fair Oaks or 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](http://www.watchmegrow.com) to see what options are available for your family. Also, you may contact WatchMeGrow via phone at 1-800-483-5597.



Sparkles! Learning Academy invites parents to remain connected with their classroom teachers throughout the day with the user-friendly app **Brightwheel**. Download this application on any electronic device, and after connecting with our center and your child's classroom, you can receive photos, secure messaging, Daily Reports, and more. You can also utilize the secure messaging system to communicate with the teachers directly.



### Daily updates

Real-time feed of activities throughout the day.  
Access to your Daily Report history.



### Photos

Watch your child's day unfold with snapshots delivered to your mobile device.



### Stay connected

Stay in touch with your teacher and strengthen learning with activities at home.



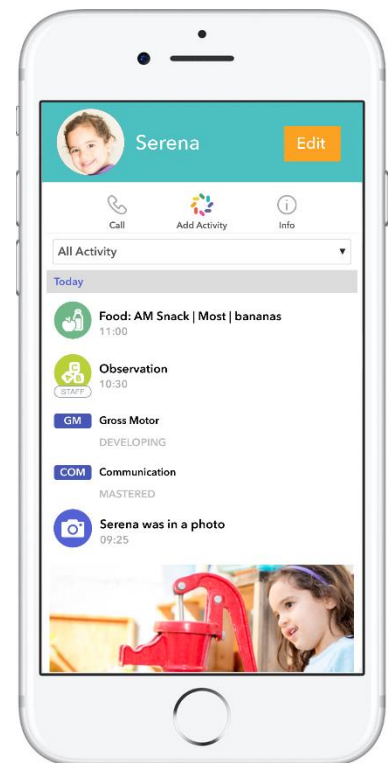
### Digital check-in

Easy digital check-in with personal passcodes.  
Add approved adults to pick up your child, and see when your child is checked in or out.



### Your child's community

Invite grandparents, nannies, and friends – with control over what they can do and see on brightwheel.





# The Creative Curriculum® *for Infant, Toddlers, Twos &* Preschool

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 preschool 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

Creative Curriculum incorporates the online assessment tool GOLD that allows teachers to record their observations with anecdotal records and photographic evidence of learning. They identify the meeting of age-appropriate objectives aligned with the Curriculum. The children are observed in the context of everyday experiences and objective oriented activities, which is an effective way to learn what children know and what they are able to do.

The 38 age-specific objectives of learning and development are based on ten specific learning domains:

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



Sparkles!' developmental goal for your child is to achieve kindergarten readiness. Our program learning objectives are aligned with the school readiness standards of Virginia's Foundation Blocks for Early Learning and the Virginia Common Core State Standards of Learning (SOL's).



Sparkles! supports our school-age children by offering a personalized tutoring program that extended their learning experiences from school into our before and after program and provides additional assistance for specific areas, homework, and special assignments.

## **Items needed for 1<sup>st</sup> day of school:**

### **Infants:**

- Bottles
- Formula/breast milk
- Diapers
- Wipes
- Extra change of clothes
- Pacifier, if needed
- Bibs
- Sleeping Sack, if needed

To ensure the babies' safety and follow best practices for our industry, toys, music or sound devices, pillows, regular blankets, or any other loose items are NOT allowed inside the cribs. Only pacifiers, sleep sacks, and swaddle blankets are permitted; loose blankets inside the cribs are not allowed.

Please bring your child's bottles, snacks, and meals ready to feed and adequately labeled with your child's last name, first name, and date; we do not prepare milk, formula, or food in the classroom. **GLASS CONTAINER AND NUT PRODUCTS ARE NOT ALLOW AT THE CENTER.**

### **Tots & 2's:**

- Two change of clothes
- Blanket/we will send blankets home at the end of the week to be wash
- Diapers/pull-ups
- Wipes
- Sippy cup, if needed
- A box of tissues
- Water Bottle

### **Preschool (3-5yrs)**

- Two change of clothes
- Blanket/ we will send blankets home at the end of the week to be wash
- Water Bottle

Sparkles! is not responsible for any lost or broken items in the classroom; please ensure that your child's belongings are labeled with your child's first and last name and safe. **GLASS CONTAINER AND NUT PRODUCTS ARE NOT ALLOW AT THE CENTER.** Please ask about allergies in your classroom.

If your child has an allergy or needs medication to be on-site, please make sure you have a doctor's prescription, an Action Plan (required for allergy medication), and a Sparkles! Medication Authorization Form completed by the parents or legal guardians. Sparkles! will not





provide any medication, including over the counter medicines, without a doctor's prescription and Parents authorization.

Sparkles! do not administer any medication, including over the counter medication, without a doctor's prescription.