



Brilliant
Blessings

Brilliant Blessings
Enrollment Packet

New Child Interview

Date of Interview: _____

Parent(s) Name: _____

Childs Name: _____

Best Phone Number: _____

Best Email: _____

Childs DOB: _____

PT/FT and what hours? _____

Ideal Start Date: _____

Referred By: _____

Note(s): _____

Location Preference?



CDC/SGH# or name: _____

**Arizona Department of Health Services
Bureau of Child Care Licensing
Emergency, Information and Immunization Record Card**

Child's Name:	Date Enrolled:	Updated:
Home Address (#, Street, City, State, Zip Code):		Date Disenrolled:
Home Phone:	Date of Birth:	Sex: <input type="checkbox"/> male <input type="checkbox"/> female

Parent or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

Parent or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted: (Pursuant to R9-5-304.B, at least two contact persons are required.)

Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:

If Medical care is necessary, call:

Health Care Provider*	Name:	Contact Telephone Number:
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*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety.

In case of injury or sudden illness, I request that this individual be called first:	
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The following individual(s) may NOT remove my child from the facility:

Name(s):

Custody papers have been provided and are on file at the facility. yes no

Telephone Authorization Code (optional): _____

Immunization Information

(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to the enrolled child's Emergency, Information and Immunization Record card.)

For information regarding current immunization requirements go to:

www.azdhs.gov/phs/immun/index.htm or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):	mo /day/ yr	mo /day/ yr	mo /day /yr
Updated immunizations received and attached:	mo /day/ yr	mo /day/ yr	mo /day /yr

Medical Information

<p>Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:</p>
<p>Is child usually susceptible to infections and if so, what precautions need to be taken? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, specify procedure:</p>
<p>Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Additional comments:</p>
<p>Other special instructions:</p>

This **Emergency Information and Immunization Record Card** is accurate and complete, front and back, and was provided by:

Parent/Guardian PRINTED Name:	SIGNED Name:	DATE:

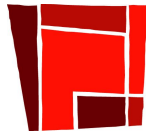


Religious Beliefs Exemption Form
For Child Care, Preschool and Head Start Programs

The Arizona Department of Health Services (ADHS) strongly supports immunization as one of the easiest and most effective tools in preventing diseases that can cause serious illness and even death. ADHS also respects the rights of parents who are raising their child in a religion whose teachings are in opposition to immunization to make the decision not to vaccinate their child.

Place an "X" in the box to the left of the disease(s) listed to exempt your child from the vaccine. Initial and date the box on the right.

<input type="checkbox"/>	Diphtheria (DTaP, Tdap, Td): I have been informed that by not receiving this vaccine, my child may be at increased risk of developing diphtheria if exposed to this disease. Serious symptoms and effects of this disease include: heart failure, paralysis (can't move parts of the body), breathing problems, coma, and death.	Initials: _____ Date: _____
<input type="checkbox"/>	Tetanus (DTaP, Tdap, Td): I have been informed that by not receiving this vaccine, my child may be at increased risk of developing tetanus if exposed to this disease. Serious symptoms and effects of this disease include: "locking" of the jaw, difficulty in swallowing and breathing, seizures (jerking and staring), painful tightening of muscles in the head and neck, and death.	Initials: _____ Date: _____
<input type="checkbox"/>	Pertussis (Whooping Cough) (DTaP, Tdap): I have been informed that by not receiving this vaccine, my child may be at increased risk of developing pertussis (whooping cough) if exposed to this disease. Serious symptoms and effects of this disease include: severe coughing fits that can cause vomiting and exhaustion, pneumonia, seizures (jerking and staring), brain damage, and death.	Initials: _____ Date: _____
<input type="checkbox"/>	Polio: I have been informed that by not receiving this vaccine, my child may be at increased risk of developing polio if exposed to this disease. Serious symptoms and effects of this disease include: paralysis (can't move parts of the body), meningitis (infection of the brain and spinal cord covering), permanent disability, and death.	Initials: _____ Date: _____
<input type="checkbox"/>	Measles, Mumps, Rubella (MMR): I have been informed that by not receiving this vaccine, my child may be at increased risk of developing measles, mumps, and/or rubella if exposed to these diseases. Serious symptoms and effects of measles include: pneumonia, seizures (jerking and staring), brain damage, and death. Serious symptoms and effects of mumps include: meningitis (infection of the brain and spinal cord covering), painful swelling of the testicles or ovaries, sterility, deafness, and death. Serious symptoms and effects of rubella include: rash, arthritis, and muscle or joint pain. If a woman gets rubella while she is pregnant, she could have a miscarriage or her baby could be born with serious birth defects such as deafness, heart problems, and brain damage.	Initials: _____ Date: _____
<input type="checkbox"/>	Haemophilus Influenza type b (Hib): I have been informed that by not receiving this vaccine, my child may be at increased risk of developing Hib if exposed to this disease. Serious symptoms and effects of this disease include: meningitis (infection of the brain and spinal cord covering), pneumonia, severe swelling in the throat that	Initials: _____ Date: _____



ARIZONA DEPARTMENT
OF HEALTH SERVICES

	makes it hard to breathe, infections of the blood, joints, bones, and covering of the heart, and death.	
<input type="checkbox"/>	Hepatitis B: I have been informed that by not receiving this vaccine, my child may be at increased risk of developing hepatitis B if exposed to this disease. Serious symptoms and effects of this disease include: jaundice (yellow skin or eyes), life-long liver problems, such as scarring and liver cancer, and death.	Initials: _____ Date: _____
<input type="checkbox"/>	Hepatitis A: I have been informed that by not receiving this vaccine, my child may be at increased risk of developing hepatitis A if exposed to this disease. Serious symptoms and effects of this disease include: jaundice (yellow skin or eyes), "flu-like" illness, hospitalization, and death.	Initials: _____ Date: _____
<input type="checkbox"/>	Varicella (Chickenpox): I have been informed that by not receiving this vaccine, my child may be at increased risk of developing varicella (chickenpox) if exposed to this disease. Serious symptoms and effects of this disease include: severe skin infections, pneumonia, brain damage, and death.	Initials: _____ Date: _____
<p>Due to my religious beliefs, I request an exemption for my child from the required vaccine doses selected above. I am aware that if I change my mind in the future, I can rescind this exemption and obtain immunizations for my child.</p> <p>Initials: _____</p> <p><input type="checkbox"/> I am aware that additional information about vaccine preventable diseases, vaccines and reduced or no-cost vaccination services is available from my local county health department and Arizona Department of Health Services (www.azdhs.gov/phs/immunization).</p> <p><input type="checkbox"/> I am aware that in the event the state or county health department declares an outbreak of a vaccine-preventable disease for which I cannot provide proof of immunity for my child, he or she may not be allowed to attend child care until the risk period ends, which may be 3 weeks or longer.</p> <p>Child's Name: _____ Date of Birth (month/day/year): _____</p> <p>Parent/Guardian Signature: _____ Date (month/day/year): _____</p>		

About my Child

Child's name: _____

My Child's Favorites:

Color(s): _____

Activities: _____

Book: _____

Toy/Object: _____

Movie/Show: _____

Schedule:

Arrival Time: _____ Departure Time: _____

Days Attending:

Mon Tues Wed Thurs Fri

Important Info:

Allergies/Medical: _____

Child

dislikes: _____

Child can be comforted

with: _____

Special needs/

requests: _____

INFANT FEEDING INSTRUCTIONS

Child's name:		Date of birth:
Feeding		
Breastmilk, Type of Milk, or Formula:		Bottle: Yes <input type="checkbox"/> No <input type="checkbox"/>
If child is receiving breastmilk and supply of pumped milk runs out, what do you want staff to do?		
Allergies		
<input type="checkbox"/> No	<input type="checkbox"/> Yes – Explain:	
Does child have any problems with feedings, such as choking or spitting up?		<input type="checkbox"/> No
<input type="checkbox"/> Yes – Explain:		
Foods		
Introduced: See Attached List on page 2.		
Consistency: <input type="checkbox"/> Puree <input type="checkbox"/> Junior <input type="checkbox"/> Table		
Food Likes:	Food Dislikes:	
Method of Feeding:		
Utensils used: <input type="checkbox"/> Cup <input type="checkbox"/> Fork <input type="checkbox"/> Spoon <input type="checkbox"/> Other:		
Explain:		

Feeding Schedules and Updates:

Date	Time	Foods	Amount	Time	Foods	Amount

Comments:	
Date:	Parent's signature:

**Update as new foods are introduced or changes occur.
Post in kitchen and activity area.
All feeding instructions must be retained for 12 months (centers).**

FOODS LIST

Child's Name: _____

Foods and dates introduced at home:

VEGETABLES

FOOD	DATE	FOOD	DATE	FOOD	DATE
Carrots		Squash			
Creamed Corn		Potatoes			
Creamed Spinach		Sweet Potatoes			
Green Beans					
Peas					

FRUITS

FOOD	DATE	FOOD	DATE	FOOD	DATE
Apple Sauce		Prunes			
Bananas		Plums			
Peaches		Apple Strawberry			
Pears		Banana Strawberry			
Bananas w/Apples		Apricots			
Prunes w/Apples					

MEATS

FOOD	DATE	FOOD	DATE	FOOD	DATE
Beef		Lamb			
Chicken		Ham			
Turkey		Veal			

MIXED FOODS

FOOD	DATE	FOOD	DATE	FOOD	DATE
Veg/Ham		Mixed Turkey			
Veg/Bacon		Chicken Noodle			
Veg/Turkey		Lasagna			
Apples/Turkey		Spaghetti			
Apples/Chicken		Veg/Pasta			
Pears/Chicken					

CEREALS

FOOD	DATE	FOOD	DATE	FOOD	DATE
Rice					
Oatmeal					
Mixed					

COMMENTS and Additional Information:

DATE:

SIGNATURE:

All feeding instructions must be retained for 12 months (centers).

By signing below, I acknowledge and give permission to Brilliant Blessings to use Sam's Club brand (Member's Mark) baby wipes on my child for diapering purposes or for cleaning their hands/face.

(Parent/Guardian)_____ Date_____

(Parent/Guardian)_____ Date_____

Child(ren)s name(s):_____

Infants/Toddlers:

By signing below, I acknowledge and give permission to Brilliant Blessings to allow my child to lay down in their crib/on their mat with their bottle/milk cup.

(Parent/Guardian)_____ Date_____

(Parent/Guardian)_____ Date_____

Child(ren)s name(s):_____

Child(ren)s DOB(s):_____

Recurring ACH Payment Authorization

You authorize regularly scheduled charges to your checking/savings account. You will be charged the amount indicated below each billing period. A receipt for each payment will be provided to you and the charge will appear on your bank statement as an "ACH Debit". You agree that no prior notification will be provided unless the date or amount changes, in which case you will receive a notice from us at least 10 days prior to the payment being collected.

I _____ authorize **Brilliant Blessings LLC** to charge my bank account
(Full name)

indicated below for \$ _____ on the Monday of each Week.
(amount)

This payment is for Childcare/Preschool services for _____
(child's name)

Billing Information

Billing Address _____ Phone # _____

City, State, Zip _____ Email _____

Bank Details

Bank Name _____

Name on Account _____

Account Number _____

Routing Number _____

Checking Account

Savings Account

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify **Brilliant Blessings LLC** in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH transaction being rejected for Non-Sufficient Funds (NSF) I understand that **Brilliant Blessings LLC** may at its discretion attempt to process the charge again within 30 days and agree to an additional \$30.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form.

Signature _____ Date _____



*Brilliant
Blessings*

Brilliant Blessings

Parent Handbook

Statement of Childcare Services

Parent Handbook

Services /Classification

Brilliant Blessings will provide services for

1. Full-day care
2. Part-day care
3. Infant and Toddler Care
4. Two-year-old care
5. Three-year-old care
6. Four-year-old care and Five-year-old care

Hours:

Brilliant Blessings hours of operation are 7am to 5pm with some flexibility upon request.

Address/Phone Number:

Brilliant Blessings

7825 W. Deer Valley Rd.

Peoria, AZ 85382

623-258-6912

Enrollment procedures:

Enrollment: Before an enrolled child receives childcare services, a licensee shall require the enrolled child's parent to complete a Department-provided Emergency, Information, and Immunization Record card that is signed by the enrolled child's parent.

Brilliant Blessings will maintain a current Emergency, Information, and Immunization Record card for each enrolled child on facility premises in a place that provides a staff member ready access to the card in event of an emergency at, or evacuation of, the facility.

Disenrollment procedures: Brilliant Blessings requires 2 weeks written or verbal notice upon disenrollment from the facility unless approved by a director. Facility may disenroll any child at any time for any reason.

Tuition & Fees:

There will be no registration fee, however, to hold a spot more than two weeks out, we require a two-week deposit that will apply to your child's first two weeks of enrollment. Payment will be due every Monday for the current week by noon electronically through ACH. There will be no late payment options and no refunds for paid services. Your child will not be able to attend school until payments are caught up. Our prices are very low compared to other licensed facilities and these rates are the same very week regardless of whether your child is here or not. We don't do discounts for vacations or sick days. Thank you for understanding!

Part-Time and Full-Time Rate is the same and will be as follows:

\$200 per week ages 2 and under

\$180 per week ages 3 and up

Part time rate - \$40 per day

*If you pick up after 5 PM there will be a \$5 late fee for each 15 minutes you go over. Please give us a courtesy call if you know you are going to be running behind.

Child admission and release requirements:

Parent or designated party will need to sign their child in and out via our ProCare app attendance with a full legal signature OR a printed first and last name at the time of each admission and release. Any other designated party besides a legal guardian will need to be listed on the enrollees Childs Emergency card in order to sign the enrolled child in/out.

Discipline:

We will first explain to an enrolled child why a particular behavior is not allowed, suggest an alternative, and assists the enrolled child to become engaged in an alternative activity.

After determining that an enrolled child's behavior may result in harm to self or others, holds the enrolled child until the enrolled child regains control or composure.

If all else fails Brilliant Blessings will allow a staff member to separate an enrolled child from other enrolled children for unacceptable age-appropriate behavior.

1. The separation period shall be for no longer than three minutes after the enrolled child has regained control or composure.
2. A staff member shall not allow an enrolled child to be separated for longer than 10 minutes without the staff member interacting with the enrolled child.

For persistent behavior issues, you may receive a behavior plan policy.

Transportation:

We do NOT provide any sort of transportation.

Field trip requirements and procedures:

We do NOT provide any sort of field trips or activities that require leaving the premises.

Responsibilities and participation of parents in facility activities:

There will be no requirements for parents to participate in activities at the facility, however, if a parent would like to participate, they are welcome to arrange so with the director!

A general description of activities and programs:

We will strive to stand behind our motto of providing an at home family feeling while maintaining the corporate accountability. We will provide a learning environment that supports and enhances each child's cognitive, physical, and social-emotional development. We will also work to maintain an open communication with each family and build trusting relationships with the parents, children, and co-workers.

7:00-8:00 am	Arrival Breakfast/Free Play
8:00-8:30 am	Sensory Exploration (Gross Motor Skills)
8:30-9:00 am	Music/Movement/Fingerplay & Social/emotional Circle Time
9:00-9:30 am	Art/Creativity/Fine Motor
9:30-10:00 am	Potty, Snack, wash hands and face
10:00-10:30 am	Circle time then centers (focus on letters, numbers, shapes, colors of the week)
10:30-10:45 am	Dramatic Play
10:45-11:00 am	Writing Practice

11:00-11:30 am	Outdoor Play
11:30-11:45 am	Clean up, potty, wash hands and face
11:45-12:00 pm	Story Time-Language/Cognitive
12:00-12:30 pm	Eat lunch (family style meal) and clean hands and face/ use restroom before & after
12:30-2:30 pm	Quiet play time/Nap time
2:30-3:00 pm	Potty, Snack, wash hands and face
3:00-3:15 pm	Movement/exercise directed by teacher
3:15-3:30 pm	Art/Creativity/Fine Motor
3:30-3:45 pm	Story Time-Language/Cognitive
3:45-4:00 pm	Outdoor Play
4:00-5:00 pm	Free play, clean up, and prepare for pick up

Insurance:

Liability insurance provided by Philadelphia Insurance Companies or other comparable insurance company will be in effect upon Arizona State Licensing approval. We will have documentation of the liability insurance coverage available for review on the facility premises.

Medication administration procedures:

We will require written authorization from the parent with all required information in order to administer prescription or nonprescription medication on facility premises.

Medication will only be distributed by Brilliant Blessings director or designated staff member. This individual will be responsible for storing, supervising administration, and documenting all medications administered to an enrolled child. Any medications being stored for use on the premise must be in original packaging with the child's first and last name on it and must be stored in the safe where only the facility director or designated staff member has access to- not in a backpack or cubby.

Accident and emergency procedures:

We will always have a first aid kit on site containing all the proper materials. We will notify parents within 30 minutes of an accident and immediately in the case of an emergency.

We have emergency evacuation plans in place which are posted inside of each classroom.

If there is a medical emergency that requires immediate care Brilliant Blessings will call 911.

State Regulated Facility:

All state inspection reports are available on site

This facility is regulated by the

Arizona Department of Health Services

150 N. 18th Ave Ste. 400

Phoenix, AZ 85007

602-364-2539

Attendance and Health Policy:

For the health and well-being of your child and of others at school, keep your child home for the following reasons:

1. A fever over 101- a child should remain at home for 24 hours after the fever is gone and/or prescribed antibiotics administered for 24 hours before the child returns to school.

2. Sore throat
3. Nausea, vomiting, diarrhea- child should remain home for 24 hours after the last episode
4. Red, "crusty", itchy eyes- pink eye is very contagious, the child must stay home for 48 hours while being treated and should only return once there is no discharge from the eyes.

A parent or a person on the emergency contact list must always be available by phone during business hours. It is the parents' responsibility to have someone available who can come to the childcare center for emergencies or for a sick child.

Please call if your child has a communicable illness or infestation so that we can exercise additional control methods and notify other parents. Your child's identity is protected.

Immunizations records are required, and a copy is kept on the premises. All children will be required to keep up to date on the recommended immunizations for their age.

Notes:

We will provide written notification at least 48 hours before a pesticide is applied on a facility's premises.

A parent has access to the areas on facility premises where the parent's enrolled child is receiving childcare services at any time they would like.

A few more things to keep in mind:

-Please dress your child in comfortable, washable, weather-appropriate play clothes.

-For a child who will be napping, please provide a small blanket

-For infants you may provide a favorite toy

-For all children, please provide one change of clothes. Please bring this in a sealed gallon size Ziploc bag labels with your child's name. Parents will be responsible for bringing spare clothes for their child in the case of an accident with no spare clothes.

I HAVE READ AND ACCEPT THE POLICIES AND PROCEDURES OF BRILLIANT BLESSING. I UNDERSTAND THAT THIS CONTRACT MAY BE REVIEWED AND REVISED AS NECESSARY AND THAT I WILL BE PROVIDED WITH WRITTEN NOTICE OF ANY SUCH REVISIONS/CHANGES AT LEAST 30 DAYS PRIOR TO ANY REVISIONS/CHANGES TO THIS AGREEMENT.

(Parent/Guardian)_____ Date_____

(Parent/Guardian)_____ Date_____

Child(ren)s name(s):_____

Brilliant Blessings Preschool has my permission to use my child's picture for marketing materials or on our social media pages or website.

Childs name: _____

Parents name: _____

Parents Signature: _____

Date: _____

Frequently Asked Questions

Is the Daycare Center open all year?

Yes, the center is open all year with the exception of holidays. When registering your child, you will receive a list of days the center is closed for the year.

What time does the center open and close?

The center opens at 7 a.m. and closes at 5 p.m.

How do I sign my child in/out?

Upon arrival and departure, the parent/guardian must sign the child in/out using our ProCare attendance Kiosk. Each parent or designated person will have a code attached to their personal name that they will need to use upon drop off/pick up to legally sign the enrolled child in/out. Not only is it important that you sign-in and out for monetary purposes, but it is a safety measure for the kids. Please ensure you are using your full LEGAL signature OR printing your first and last name.

Where do I go to drop off and pick up my child?

Our door along the right side of the building will be the only door used to drop off and pick up children.

How/When do I pay?

Payments are due every Monday before noon for the current week. Payments will be made through ACH. Please ensure you fill out the ACH form with your bank information before your child's first day.

What is the staff-Child Ratio for this center?

Age Levels	Staff	Children
Infant	1	5
Young Toddler	1	6
Older Toddler	1	8
Preschool	1	13
Pre-K	1	15

Age levels are defined as:

- Infant - A child 3 months to 1 year of age
- Young Toddler- A child from 1 to 2 years of age
- Older Toddler- A child from 2 to 3 years of age
- Preschool- A child from 3 years of age to 5 years of age
- Pre-K- A child from 4 years of age to 5 years of age

What about lunches?

Parents/guardians must pack cold lunches as they would for public school.

- Lunches packed by parents/guardians should be easy for the child to handle, including a cold pack or a thermos. Lunches should not require heating or refrigeration. Sharing or exchanging lunches is not permitted.

Are there recommended guidelines for packaging a lunch?

Yes, the following information can serve as a checklist for you when preparing your child's lunch:

- All lunches must be in a lunchbox clearly marked with their first and last name, along with labeled thermos, cups, etc.
- All lunches must have a cold pack in them.
- All hot foods must be in a thermos.
- Because we do not have the proper kitchen facilities to wash cups and Tupper wear, we will make sure they are returned to you so you can clean them and return them the next day.
- Once foods have been served, they must be discarded.
- Please understand your child's lunch will be served as you send it. We cannot heat or cut foods.

What time is lunch?

Lunchtime at the center begins around 11:30 a.m. for infants and toddlers. Lunchtime for older toddlers and preschool begins around 12 p.m.

Does the child center staff administer medication?

Yes, we do. If you bring in a doctor's note and medication and fill out a medication consent form, we can administer it to your child. Please refer to the handbook with the full medication administration procedures.

What about diaper bags?

Please do not leave diaper bags in the center. Extra clothes, diaper ointments, diapers, can be placed in the child's cubby. All diaper ointments must be labeled with the child's first and last name.

Will my child be able to nap?

Yes, unless requested otherwise. Rest time is approximately 12:30 p.m. to 2:30 p.m. The preschool children will be given the opportunity to nap when needed, otherwise, quiet tabletop activities, stories, and small group activities will be presented. Children who nap should bring a small blanket from home that is clearly marked with their name. It can be left at the center until the end of the week.

Is there a dress code?

No. However, clothing should be the type that can be managed easily by young, inexperienced fingers. Weather permitting, the children will go out to the playground daily. Please dress them appropriately (i.e. boots, gloves, hats, scarves, etc.). It's important the child wears clothing that launders easily due to these activities.

Can my child bring toys from home?

We ask that no toys be brought from home, unless on Fridays for show-and-tell. Because of the number of children, we cannot be responsible for any personal item that is misplaced or broken.

What are the discipline procedures at the center?

The children will be encouraged to discuss their feelings of anger with the teacher and/or peers. Absolutely no physical form of punishment is allowed. "Take Some Time for Yourself" or "Cooling Down" method of behavior management is used. Positive role modeling and encouragement of appropriate behavior is used.

Are all the teachers background checked?

Yes. All of our staff is background checked.

What does the curriculum include?

Each month, we send home a newsletter which includes our monthly calendar curriculum. More in-depth weekly curriculum is posted at all times in each classroom. Each child will take home a craft daily which coincides with the theme/curriculum of the day/week. We do incorporate bible-based curriculum, including a simple bible story and coloring page from "My First Hands on Bible".

What will happen in the case of an emergency?

Please come to the center as quickly as possible and take your children home.

Closed Holidays for 2024

Monday January 15	Martin Luther King Jr. Day
Monday February 19 th	Presidents Day
Friday March 29 th	Closing at 3pm for Good Friday Service (Wiggles and Giggles only)
Monday May 27 th	Memorial Day
Thursday July 4 th	Independence Day
Monday Sep 2 nd	Labor Day
Monday November 11 th	Veterans Day
Thursday November 28 th	Thanksgiving
Friday November 29 th	Black Friday
December 24 th -26 th .	Christmas Break
Dec 31 st – January 1 st	News years Break