



# BRIGHT BEGINNINGS

*Excellence Today for Success Tomorrow*

## **BRIGHT BEGINNINGS SCHOOL 2023-2024 K-6<sup>th</sup> REGISTRATION INFORMATION FOR FAMILIES NEW TO BBS**

**Registration for students entering Kindergarten through 6<sup>th</sup> grades who do not have a sibling currently enrolled in Bright Beginning Charter School** will be open to the community Monday through Friday, January 23<sup>rd</sup> through 27<sup>th</sup>, 2023 from 9:00 a.m. – 3:00 p.m. If there are more student applications received during this time than openings, a lottery will take place. The lottery will also determine a waiting list order for any unselected applications. All subsequent applications received will be processed on a first-come, first-served basis. All items mentioned below must be turned in with a completed registration packet in order to be entered into the lottery or for enrollment.

- A copy of his/her official birth certificate or some other reliable documentation or proof of the student's age and identity
- A copy of an acceptable form of proof of residency

Per A.R.S 15-802(B) "Requires school districts and charter schools to obtain and maintain verifiable documentation of Arizona residency upon enrollment in an Arizona public school." The documentation must be provided each time a student enrolls in a charter school and reaffirmed during the charter's annual registration process.

Before any student will be allowed to attend Bright Beginnings Charter School, the following documents must be provided:

- Home Language Survey
- An updated copy of their students' immunization records (from the doctor) or submit documentation that the pupil is exempted from immunization pursuant to A.R.S. § 15-873

We recommend that parents submit their students' Home Language Survey and immunization records with their registration packets. Please note that the office will be unable to make copies of documents during open registration time.

Admission may be limited by BBS based on age group or grade level, but will not be limited based on ethnicity, national origin, gender, income level, disabling condition, or proficiency in English. BBS will give enrollment preference to and reserve capacity for returning students, siblings of students currently enrolled in BBS, and the children of staff and Board members.

By submitting a signed enrollment application, you are agreeing to accept all responsibilities as outlined in the Bright Beginnings Family Handbook which is available online.

If you have questions, please contact the office at (480) 821-1404.

Thank you.



**Bright Beginnings Elementary School**  
 400 N. Andersen Blvd. Chandler, AZ 85224  
 Phone: 480-821-1404 – Fax: 480-821-1463  
[www.bbschl.com](http://www.bbschl.com)

**Office Use Only**

Grade: \_\_\_\_\_  
 Entry Code: \_\_\_\_\_  
 Entry Date: \_\_\_\_\_  
 Computer entry date: \_\_\_\_\_

**Office Use Only**

Date position accepted: \_\_\_\_\_

**2023-2024 APPLICATION FOR STUDENT ENROLLMENT**  
**ALL QUESTIONS MUST BE ANSWERED**

STUDENT NAME \_\_\_\_\_  
 Legal Last First Middle "Nickname"

Gender \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Home Telephone Number \_\_\_\_\_  
 Month Day Year

Mailing Address \_\_\_\_\_  
 Number & Street Apt. or Space # City Zip

**Grade applying**

2023-2024 All-Day – K Half-Day – K 1<sup>st</sup> grade 2<sup>nd</sup> grade 3<sup>rd</sup> grade 4<sup>th</sup> grade 5<sup>th</sup> grade 6<sup>th</sup> grade  
 5 by 8-31-23 5 by 8-31-23 6 by 8-31-23 7 by 8-31-23 8 by 8-31-23 9 by 8-31-23 10 by 8-31-23 11 by 8-31-23

**Parents/Guardian Names:**

Father: \_\_\_\_\_  
 Last Name First Name Initial Employed By Phone Cell phone  
 \_\_\_\_\_ Biological Father \_\_\_\_\_ Step-Father \_\_\_\_\_ Grandfather \_\_\_\_\_ Other, Specify \_\_\_\_\_

Student lives with this parent/guardian? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Shared with other parent/guardian

Mother: \_\_\_\_\_  
 Last Name First Name Initial Maiden Employed By Phone Cell phone  
 \_\_\_\_\_ Biological Mother \_\_\_\_\_ Step-Mother \_\_\_\_\_ Grandmother \_\_\_\_\_ Other, Specify \_\_\_\_\_

Student lives with this parent/guardian? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Shared with other parent/guardian

Who has legal custody? \_\_\_\_\_ Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Grandparents \_\_\_\_\_ Other, Specify \_\_\_\_\_

**ETHNIC / RACIAL BACKGROUND:** (AZ State mandated) \_\_\_\_\_ White \_\_\_\_\_ Black \_\_\_\_\_ Hispanic \_\_\_\_\_ American Indian \_\_\_\_\_ Asian \_\_\_\_\_ Other  
 If other, specify \_\_\_\_\_

**School Last Attended:** \_\_\_\_\_  
 Name of School Full Mailing Address Telephone number  
**Grade level for 22-23 (Last Year)** \_\_\_\_\_ Successfully completed yes \_\_\_\_\_ no \_\_\_\_\_

**Additional Student Information (The answer to these questions will not affect student's enrollment):**

For continuity of services, has your child ever received special education (including speech, OT, or resource) services? \_\_\_\_\_ Yes \_\_\_\_\_ No.  
 If yes, state the year of services \_\_\_\_\_  
 ADD or ADHD is not considered Special Education and shouldn't be checked unless using a 504 accommodation plan.

Does this student have a current IEP? \_\_\_\_\_ Yes \_\_\_\_\_ No

Has this student received a 504 accommodation plan? \_\_\_\_\_ Yes \_\_\_\_\_ No

Has this student received ELL/ESL services? \_\_\_\_\_ Yes \_\_\_\_\_ No

Has this student been retained? \_\_\_\_\_ Yes \_\_\_\_\_ No

Primary e-mail address (required): \_\_\_\_\_ Secondary e-mail address: \_\_\_\_\_

Name(s) and grade(s) of siblings who are planning to attend BBS in 2023-2024

\_\_\_\_\_ going into \_\_\_\_\_  
 \_\_\_\_\_ going into \_\_\_\_\_

What is the primary language used in the home regardless of the language spoken by the student? \_\_\_\_\_

What is the language most often spoken by the student? \_\_\_\_\_

What is the language that the student first acquired? \_\_\_\_\_

Is the student a dependent of a member of the United States military service in the Active Duty Army, Navy, Air Force, Marine Corps, or Coast Guard?

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Decline to answer

Is the student a dependent of a fulltime member of the National Guard, or Reserve force of the United States military (Army, Navy, Marine Corps or Air Force)?

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Decline to answer

Is the student a dependent of a member of the National Guard, or Reserve force of the United States military (Army, Navy, Marine Corps or Air Force)?

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Decline to answer

Do you consider yourself homeless at this time? \_\_\_\_\_ Yes \_\_\_\_\_ No

SIGNATURE OF PARENT OR LEGAL GUARDIAN \_\_\_\_\_ Date \_\_\_\_\_

**If your student has been expelled or is in the process of being expelled from another education institution, enrollment is prohibited by Board Policy. Bright Beginnings School will not limit admission based on race, ethnicity, national origin, gender, orientation, income level, disabling condition, proficiency in English, or athletic ability. Bright Beginnings School reserves the right to limit admission based on program capacity.**



CDC/SGH# or name: \_\_\_\_\_

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

Form with fields: Child's Name, Date Enrolled, Updated, Home Address (#, Street, City, State, Zip Code), Date Disenrolled, Home Phone, Date of Birth, Sex (male/female)

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

Form with fields: Father 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:

Table with 2 columns: Name, Contact Telephone Number. Multiple rows for listing individuals.

If Medical care is necessary, call:

Form with fields: Health Care Provider\*, Name, Contact Telephone Number

\*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. It is understood by me that the expense of this service will be accepted by me.

In case of injury or sudden illness, I request that this individual be called first:

Does your child have insurance coverage? [ ] No [ ] Yes Name of Insurance Company:

The following individual(s) may NOT remove my child from the facility:

Form with field: 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](http://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**

Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:
Is child usually susceptible to infections and if so, what precautions need to be taken? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list precautions:
Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify procedure:
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 If yes, list precautions:
Additional comments:
Other special instructions:

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:
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## Arizona Department of Education

### Office of English Language Acquisition Services

#### Home Language Survey

The responses to this Home Language Survey (HLS) are used by the school to provide the most appropriate instructional programs and services for the student. **The answers below will determine if a student will take the Arizona English Language Learner Assessment (AZELLA).** Please respond to each of the three questions as accurately as possible. If you need to correct any of your responses, this must be done **before** the student takes the AZELLA Placement Test.

**1. What language do people speak in the home *most* of the time?**

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**2. What language does the student speak *most* of the time?**

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**3. What language did the student first speak or understand?**

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Student Name \_\_\_\_\_ District Student ID \_\_\_\_\_

Date of Birth \_\_\_\_\_ SSID \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

District or Charter \_\_\_\_\_

School \_\_\_\_\_

Please provide a copy of the Home Language Survey to the EL Coordinator/Main Contact on site. In AzEDS, please enter all three HLS responses.

These HLS questions are in compliance with Arizona Administrative Code (R7-2-306(B)(1),(2)(a-c)). (Revised 01-2020)



**Arizona Department of Education  
Arizona Residency Documentation Form**

Student \_\_\_\_\_ School \_\_\_\_\_

School District or Charter Holder \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_

As the Parent/Legal Guardian of the Student, I attest\* that I am a resident of the State of Arizona and submit in support of this attestation a copy of the following document that displays my name and residential address or physical description of the property where the student resides:

- Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- Valid Arizona Address Confidentiality Program authorization card
- Real estate deed or mortgage documents
- Property tax bill
- Residential lease or rental agreement
- Water, electric, gas, cable, or phone bill
- Bank or credit card statement
- W-2 wage statement
- Payroll stub
- Certificate of tribal enrollment (506 Form) or other identification issued by a recognized Indian tribe in Arizona
- Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)
- Temporary on-base billeting facility (for military families)
  
- I am currently unable to provide any of the foregoing documents. Therefore, I have provided an original affidavit signed and notarized by an Arizona resident who attests that I have established residence in Arizona with the person signing the affidavit.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\*For members of the armed services, the provision of verifiable documentation does not serve as a declaration of official residency for income tax or other legal purposes. Armed service members may utilize a temporary on-base billeting facility as the address for proof of residency.



1<sup>st</sup> Request: \_\_\_\_\_

2<sup>nd</sup> Request: \_\_\_\_\_

Rec'd: \_\_\_\_\_

## Bright Beginnings School (K-6)

### AUTHORIZATION FOR RELEASE OF SCHOOL RECORDS

#### Previous School Information

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Telephone#

\_\_\_\_\_  
Fax# or email address

In order to assist in the provision of an appropriate program for my child in accordance with the Family Education Rights and Privacy Act of 1974 and Arizona State Law, I hereby authorize the release to Bright Beginnings School the following student records:

Notice of student withdrawal

Achievement Test Scores

Transcript of Grades

Attendance Records

Withdrawal Grades

Psychological Records

Special Education Notices & I.E.P.

Speech

Other \_\_\_\_\_

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Birth Date

\_\_\_\_\_  
Grade  
(22-23 year)

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

\_\_\_\_\_  
Date

Please send all school records to:

Peggy French at [pfrench@bbschl.com](mailto:pfrench@bbschl.com)

**Bright Beginnings School**  
400 N. Andersen Blvd.  
Chandler, Arizona 85224  
Ph: 480-821-1404 / Fax: 480-821-1463



# 2023 - 2024 Bright Beginnings School

July-23						
S	M	T	W	T	F	S
						1
2	3	H	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

August-23						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	E	24	25
26	27	28	29	30	31	

September-23						
S	M	T	W	T	F	S
						1
						2
3	H	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	E	21	22	23
24	25	26	27	28	29	30

October-23						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

November-23						
S	M	T	W	T	F	S
				E	2	3
4	5	6	7	8	9	H
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

December-23						
S	M	T	W	T	F	S
						1
						2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	H	26	27	28	29	30
31						

JULY	
12-18	Teacher Workdays
17	Meet the Teacher All Grades (4:30 - 6:30 pm)
19	First day of school for students

AUGUST	
3	Curriculum Night 5:00 - 7:00 pm (Grades K-6)
23	Early Release 1:30 p.m.

SEPTEMBER	
4	Labor Day - No School
20	Parent/Teacher Conferences Early Release - 1:30 p.m.
21	Parent/Teacher Conferences - 11:30 Release
29	1st Quarter Ends (52 days)

OCTOBER	
10/2-10/13	First Intersession
16	Teacher Workday
17	School Resumes

NOVEMBER	
1	Early Release 1:30 p.m.
10	Veterans Day - No School
22	No School
23-24	Thanksgiving Holiday - No School

DECEMBER	
22	Half Day Schedule 11:30 a.m. Release
22	2nd Quarter Ends (45 days)
12-25 / 1-5	Second Intersession

JANUARY	
8	Teacher Workday
9	School Resumes
15	Civil Rights Day - No School
24	Early Release 1:30 p.m.

FEBRUARY	
19	Presidents' Day - No School
28	Parent/Teacher Conferences Early Release - 1:30 p.m.
29	Parent/Teacher Conferences - 11:30 Release

MARCH	
8	3rd Quarter Ends (42 days)
3/11-22	Third Intersession
25	Teacher Workday
26	School Resumes
29	Spring Holiday - No School

APRIL	
10	Early Release 1:30 p.m.
24	Early Release 1:30 p.m.

MAY	
22	Last Day of School - Half Day Schedule 11:30 a.m.
22	4th Quarter Ends (41 days)
23-24	Teacher Workdays

JUNE	
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LEGEND	
	Total Student Days (180)
	Teacher Inservice/Workday
	Meet The Teacher Day
	First Day for Students
	Half Day Schedule- 11:30am
	Quarter Ends
	Holidays
	Early Release - 1:30pm
	Intersession
	No School
	Last Day of School- 11:30 am

January-24						
S	M	T	W	T	F	S
						1
		H	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	E	25	26
27	28	29	30	31		

February-24						
S	M	T	W	T	F	S
						1
						2
						3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	H	20	21	22	23	24
25	26	27	28	29		
LEAP YEAR						

March-24						
S	M	T	W	T	F	S
						1
						2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	H	30
31						

April-24						
S	M	T	W	T	F	S
						1
						2
						3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

May-24						
S	M	T	W	T	F	S
						1
						2
						3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

June-24						
S	M	T	W	T	F	S
						1
						2
						3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Bright Beginnings Elementary School  
400 N. Andersen Blvd.  
Chandler, AZ 85224  
O: 480-821-1404 F: 480-821-1463

## Bright Beginnings School Class Schedule/Fees 2023-24

### KinderBridge

KinderBridge program M,W,F	8:30 a.m. – 2:50 p.m.	(age 4 by August 31)	\$525/month*
KinderBridge program M - F	8:30 a.m. – 2:50 p.m.	(age 4 by August 31)	\$850/month*

\$200 registration fee due at time of enrollment for KinderBridge. This fee is nonrefundable.

### Elementary

Half-Day Kindergarten	TBD	no fee
Full-day Kindergarten (age 5 by Aug. 31)	8:30 a.m. – 3:00 p.m.	\$250/month*
Grade 1- 6	8:30 a.m. – 3:00 p.m.	no fee

### KinderBridge and Full-day Kindergarten Tuition due dates:

August 1	September 1	October 1	November 1	December 1
January 1	February 1	March 1	April 1	May 1

### Other Fees

#### Before School 7:00 a.m. – 8:00 a.m.

KinderBridge – Grade 6 (M – F)	\$160/month*
1 Day/wk (must be the same day(s) each week)	\$40/month*
Drop-in (paid at time of drop off)	\$20/hour

#### After School 3:00 p.m. – 6:00 p.m.

Preschool - Grade 6 (Monday – Friday)	\$325/month*
1 Day /wk (must be the same day(s) each week)	\$80/month*
Drop-In / Late Pickup (paid at the time of pickup)	\$20/hour *

**\*Payments not made in full by the 1<sup>st</sup> of the month must include a \$25 late fee.** Drop-in or late pickups must be paid at the time of pickup. Pickups after 6:00 p.m. will incur a fee of \$1 per minute. All fees other than the drop-in rate are discounted and apply to families consistently utilizing the services for the entire school year.

**A \$10 monthly fee will be charged for non-use of an automatic payment withdrawal form (ACH Form) for ALL monthly assessed fees.**

**All fees listed above are nonrefundable.**

# GUIDE TO ARIZONA IMMUNIZATIONS REQUIRED FOR SCHOOL ENTRY GRADES K-12



Immunization requirements by age and grade for school attendance. Vaccines must follow minimum intervals and ages to be valid. A 4-day grace period applies in most situations.

Vaccine	4-6 Years Old Kindergarten or 1 <sup>st</sup> grade	7-10 Years Old	11 Years and Older
<b>Hepatitis B (Hep B or HBV)</b>	<b>3 doses</b> 3 doses acceptable if dose #3 was received at or after 24 weeks of age; otherwise 4 doses are required with the final dose at or after 24 weeks of age.		
<b>Poliomyelitis/ Polio (IPV or OPV)</b>	<b>4 doses</b> 3 doses acceptable if dose #3 was received on or after 4 years of age. Students who received 3 or 4 doses (with 4 weeks minimum intervals between doses) PRIOR to August 7, 2009 have met the requirement. The final dose of polio administered ON or AFTER August 7, 2009 must be given at a minimum of 4 years of age AND a minimum interval of 6 months following the previous dose.  Polio is not required for students who are 18 years of age or older.		
<b>Measles, Mumps and Rubella (MMR or MMR-V)</b>	<b>2 doses</b> Minimum recommended age for dose #1 is 12 months. A 3 <sup>rd</sup> dose will be required if dose #1 was given more than 4 days before 1 <sup>st</sup> birthday.  MMR and Varicella must be given on the same day or at least 28 days apart		
<b>Varicella (chickenpox) (VAR or MMR-V)</b>	<b>1 dose</b> Minimum recommended age for dose #1 is 12 months. 2 doses are required if the 1 <sup>st</sup> dose was given at 13 years of age or older.  MMR and Varicella must be given on the same day or at least 28 days apart		
<b>Diphtheria, Tetanus, and Pertussis</b>	<b>5 doses of DTaP, DTP or DT</b> 4 doses acceptable if last dose was given on or after 4 years of age.  A 6th dose is required if 5 doses have been given before 4 years of age.	<b>4 doses of DTaP, DTP, DT, Tdap or Td</b> 3 doses acceptable if first dose was given on or after 1 <sup>st</sup> birthday.  Tdap given at ages 7-10 will meet the 11-year-old+ Tdap requirement.	<b>1 dose of Tdap is required</b> Students must have a minimum of 3 doses of tetanus/diphtheria vaccine which may include 1 Tdap.  If Tdap has not been previously given, 1 dose of Tdap is required when at least 5 years has passed since the last dose of tetanus-containing vaccine.
<b>Quadrivalent Meningococcal (MenACWY or MCV4)</b>			<b>1 dose of quadrivalent meningococcal ACWY is required.</b> A dose administered at 10 years of age will meet the requirement.

Please see reverse for additional information and exceptions and conditions to the rules.