



BRIGHT BEGINNINGS

Excellence Today for Success Tomorrow

BRIGHT BEGINNINGS SCHOOL 2024-2025 KINDERBRIDGE REGISTRATION INFORMATION

Registration for students entering KinderBridge will begin January 16th, 2024. Students must be at least four years old by August 31, 2024.

All students registering to enter KinderBridge at Bright Beginnings School must bring:

- an updated copy of his/her immunizations from the doctor (Hepatitis A is a requirement for childcare facilities in Maricopa County. Your child's immunizations must show that this series has been started.)
- a \$200 student registration fee per student

All items must be turned in with a completed registration packet in order to be considered for admission. Information and signatures for both parents must be completed where applicable. Please note that the office will be unable to make copies of documents during open registration time.

Classes will be filled on a first-come, first-served basis. Bright Beginnings School reserves the right to make any changes necessary to create full classrooms for staffing purposes. We do our very best to place everyone.

You will be notified of your child's placement in a particular class or if your child is on the waiting list. A check for the registration fee is required to be attached to the enrollment packet at the time of submission. All fees are nonrefundable for any reason.

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 call Michelle Riley at (480) 821-1404.

Thank you.



Bright Beginnings School
400 N. Andersen Blvd. Chandler, AZ 85224
Phone: 480-821-1404 – Fax: 480-821-1463
www.bbschl.com

Office Use Only
Date enrollment submitted:
Date position accepted:
Date Enrolled:

2024-2025 APPLICATION FOR STUDENT ENROLLMENT
ALL QUESTIONS MUST BE ANSWERED

STUDENT NAME
Legal Last Name First Middle Nickname
Gender Birth Date Month Day Year Age Home Telephone Number
Mailing Address Number & Street Apt. or Space # City Zip

Select the class of your choice below:

- *KinderBridge program M, W, F Full Day *(age 4 by August 31, 2024)
*KinderBridge program M-F Full Day *(age 4 by August 31, 2024)

Parents/Guardian Names:
Father: Last Name First Name Initial Employed By Primary Phone
Biological Father Step-Father Grandfather Other, Specify
Mother: Last Name First Name Initial Maiden Employed By Primary Phone
Biological Mother Step-Mother Grandmother Other, Specify
Student lives with: Parents Mother Father Other, Specify
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

Additional Student Information (The answer to these questions will not affect student's enrollment):
Has your child ever been in a Special Education program? Yes No If yes, state the year of services
Does your child have a current IEP? Yes No
Speech & Language is considered Special Education and should be checked yes. ADD or ADHD is not considered Special Education and shouldn't be checked unless using a 504 accommodation plan.

Preferred e-mail address (required):

Name(s) and grade(s) of siblings who are registered to attend BBS in 2024-2025

going into
going into

SIGNATURE OF PARENT OR LEGAL GUARDIAN Date
(Parent's signature acknowledges that all fees are nonrefundable.)

* \$200 preschool registration fee is due at enrollment time and is nonrefundable.



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

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

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:

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. 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:

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:
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2024 - 2025 Bright Beginnings School

July-24

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-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	E	29	30	31

September-24

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

October-24

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

November-24

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

December-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	H	26	27	28
29	30	31				

JULY

10-16	Teacher Workdays
15	Meet the Teacher All Grades (4:30 - 6:30 pm)
17	First day of school for students

AUGUST

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

SEPTEMBER

2	Labor Day - No School
11	Parent/Teacher Conferences Early Release - 1:30 p.m.
12	Parent/Teacher Conferences - 11:30 Release
20	1st Quarter Ends (47 days)

OCTOBER

9/23-10/4	First Intersession
7	Teacher Workday
8	School Resumes
23	Early Release 1:30 p.m.

NOVEMBER

11	Veterans Day - No School
27	No School
28-29	Thanksgiving Holiday - No School

DECEMBER

20	Half Day Schedule 11:30 a.m. Release
20	2nd Quarter Ends (50 days)
12-23 / 1-3	Second Intersession

JANUARY

6	Teacher Workday
7	School Resumes
20	Civil Rights Day - No School
22	Early Release 1:30 p.m.

FEBRUARY

17	Presidents' Day - No School
26	Parent/Teacher Conferences Early Release - 1:30 p.m.
27	Parent/Teacher Conferences - 11:30 Release

MARCH

7	3rd Quarter Ends (42 days)
3/10-21	Third Intersession
24	Teacher Workday
25	School Resumes

APRIL

2	Early Release 1:30 p.m.
18	Spring Holiday - No School
23	Early Release 1:30 p.m.

MAY

21	Last Day of School - Half Day Schedule 11:30 a.m.
21	4th Quarter Ends (41 days)
22-23	Teacher Workdays

JUNE

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-25

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

February-25

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

March-25

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	X	25	26	27	28	29
30	31					

April-25

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	H	19
20	21	22	E	24	25	26
27	28	29	30			

May-25

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	X	X	24
25	H	27	28	29	30	31

June-25

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					

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 2024-25

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 1st 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 ENTRY Child Care or Preschool (birth – 5 years)



Requirements by age at entry and on a continuing review status. Vaccines must follow minimum intervals and ages to be valid. A 4-day grace period applies in most situations.

Vaccine	2 Months	4 Months	6 Months	12 Months	15 Months	18+ Months
Hepatitis B (Hep B or HBV)	Hep B 1* (see pg. 2)	Hep B 2	Hep B 3 (received at 24 weeks of age or older and by 12 mos of age)		Documented 3 or 4 doses Note: If Hep B #3 was given before 24 weeks of age, a 4 th dose is needed.	
Diphtheria, Tetanus, and Pertussis	DTaP 1	DTaP 2	DTaP 3	---	DTaP 4	Documented 4 doses
<i>Haemophilus influenzae</i> type b (Hib)	Hib 1	Hib 2	Hib 3** (see pg.2)	---	Hib 4** (see pg. 2)	Documented 3-4 doses
Poliomyelitis (Polio) (IPV or OPV)	Polio 1	Polio 2	---	Polio 3	Documented 3 doses	
Measles, Mumps and Rubella (MMR)	---	---	---	MMR 1	Documented 1 dose Note: MMR and Varicella must be given on the same day or at least 28 days apart	
Varicella (chickenpox) (VAR)	---	---	---	VAR 1	Documented 1 dose Note: MMR and Varicella must be given on the same day or at least 28 days apart	
Hepatitis A (Maricopa County only)	---	---	---	Hep A 1***		Hep A 2 (due 6 months after dose 1)
Summary of vaccines required for 15 months to Pre-kindergarten	<p>All of these doses are required at 15 months of age and older: 3 Hep B, 4 DTaP, 3 Polio, 1 MMR, 1 Varicella, and 3-4 Hib or 1 Hib dose given at/after 15 months.</p> <p>***2 doses of Hepatitis A are required for children 1-5 years old in Maricopa County only, but are recommended in all other counties.</p>					

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