



BRIGHT BEGINNINGS

Excellence Today for Success Tomorrow

BRIGHT BEGINNINGS SCHOOL 2024-2025 K-6th REGISTRATION INFORMATION FOR RETURNING STUDENTS

All currently enrolled Bright Beginnings Charter School students entering Kindergarten through 6th grades will register Tuesday through Friday, January 16th-19th, 2024 from 9:00 a.m. to 3:00 p.m. All items requested must be turned in as a completed registration packet. Student packets received after the re-enrollment deadline will be added to the wait list and will be admitted on a space-available basis.

All Students returning in grades K-6th at Bright Beginnings Charter School must bring:

- 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.

Please note that the office will be unable to make copies of documents during open registration time.

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

Office Use Only
 Grade: _____
 Entry Code: _____
 Entry Date: _____
 Computer entry date: _____

Office Use Only
 Date position accepted: _____

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

STUDENT NAME _____
 Legal Last Name _____ First _____ Middle _____ Nickname _____

Gender _____ Birth Date _____ Age _____ Home Telephone Number _____
 Month _____ Day _____ Year _____

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

Grade applying
 2024-2025 All-Day – K _____ Half-Day – K _____ 1st grade _____ 2nd grade _____ 3rd grade _____ 4th grade _____ 5th grade _____ 6th grade _____
 5 by 8-31-24 5 by 8-31-24 6 by 8-31-24 7 by 8-31-24 8 by 8-31-24 9 by 8-31-24 10 by 8-31-24 11 by 8-31-24

Parents/Guardian Names:

Father: _____
 Last Name _____ First Name _____ Initial _____ Employed By _____ Primary 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 _____ Employed By _____ Primary 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 _____ Phone Number _____
Grade level for 23-24 (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 2024-2025

_____ 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**

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:
------------------------------	--------------	----------------------------------

*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

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:
-------------------------------	--------------	-------



**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.

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	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		

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	6	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	24	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	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	22	23	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.