

Excellence Today for Success Tomorrow

BRIGHT BEGINNINGS SCHOOL 2020-2021 KINDERBRIDGE REGISTRATION INFORMATION

Registration for students entering KinderBridge will begin January 13th. Students must be at least four years old by August 31, 2020.

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 serve 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. For auditing purposes, a separate check is required to be attached to each enrollment packet. 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:

2020-2021 APPLICATION FOR STUDENT ENROLLMENT ALL QUESTIONS MUST BE ANSWERED

STUDENT I	NAME									
	Legal L	ast			First		Mid	dle	"Nickname"	
Gender	Birth Date Mo	onth	Day	Year		Age _	Н	ome Telephone Number		
Mailing Add	lress									
Ü	Numb	er & Street			Apt	. or Space #		City	Zip	
Select the	e class of your ch	oice below	:							
	_ *Kinderl	Bridge prog	ram M, W,	F Full Day	*(ag	e 4 by Augu	ıst 31, 2020)		
	_ *KinderI	Bridge prog	ram M-F Fı	ull Day	*(ag	e 4 by Augu	ıst 31, 2020)		
Parents/	Guardian Names	<u> </u>								
Father:		•								
	ast Name		First Name		Initial	Emp	oloyed By	Phone	Cell	phone
Biol	logical Father	Step-Fathe	rGra	andfather _	Other	, Specify				<u> </u>
Mother:										
L	ast Name	F	First Name		Initial	Maider		Employed By	Phone	Cell phone
Biol	logical Mother	Step-Moth	erG	randmother	Oth	ner, Specify			·	
Student I	lives with:Pa	arents	Mother	Fath	ier	_Other, Spe	ecify			
Who has	legal custody?	Parents	Mo	ther	_Father	Gran	dparents	Other, Specify_		
ETHNIC If other, s	• •	GROUND: (A		,	_White	Black	Hispanic	American Indian	Asian	Other
Has your	r child ever been in	a Special E	ducation pro	ogram?	Yes	No.	If yes, state	the year of services		
Speech &	r child have a curren Language is consid ing a 504 accommod	ered Special I	Education and	d should be ch	-		HD is not cons	idered Special Education	and shouldn't b	e checked
Preferred	e-mail address (required):								
	and grade(s) of s			ered to atte going ir going ir	nto		1			
SIGNIATI II	RE OF PARENT O	DIEGNI G	IIADNIANI					Nata		

(Parent's signature acknowledges that all fees are nonrefundable.)

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





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: _ male _ female
			<u>I</u>
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 c	collect my child from the facility	in case of emerg	rency or if I cannot be contacted:
Name:		Contact Teleph	
Name:		Contact Teleph	one Number:
Name:		Contact Telepho	ne Number:
Name:		Contact Telepho	ne Number:
If Medical care is necessary, call:			
Health Care Provider* Name:		Contact Teleph	one Number:
*A Health Care Provider is a physic	cian, physician assistant or re	egistered nurse	practitioner.
I hereby give authority to any hospital o health and safety. It is understood by me			
In case of injury or sudden illness	, I request that this individ	dual be called	first:
Does your child have insurance coverage?	☐ No ☐ Yes Name	e of Insurance Cor	npany:
The following individual(s) may NO	OT remove my child from the	ne facility:	Ť
Name(s):			
Custody papers have been provided and are	e on file at the facility. yes	no	
Telephone Authorization Code (opt	ional):		

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.)

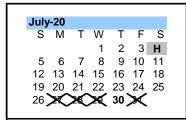
For information regarding current immunization requirements go to:

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

One of these i	One of these items must accompany the EIIR card at all times:					
	Copy of current official documented immunization record attached					
	Religious Beliefs exemption form signed by parent/guardian attached					
	Medical Exemption for	orm signed by physician a	and parent/gua	rdian attached		
		oof of Immunity form atta				
Notification of immu	nizations needed sent to	o Parent(s) or Guardian(s):	mo /day/ yr	mo /day/ yr	mo /day /yr	
U	Jpdated immunization	ns received and attached:	mo /day/ yr	mo /day/ yr	mo /day /yr	
<u> </u>	food or other substance	ees? nces to be avoided, and the pro	ocedure to follow	_	No Yes	
Is child usually susc If yes, list precautions:	Is child usually susceptible to infections and if so, what precautions need to be taken? No Yes If yes, list precautions:					
Is child subject to configure, specify procedure		should be our procedure i	f one occurs?		No Yes	
	ıble, foot problem, hea	should be aware of and varing impairment, hernia,	-	ns should	No Yes	
Additional commen	its:					
Other special instru	ctions:					
This Emergency Infor	mation and Immunizatio	on Record Card is accurate ar	nd complete, fron	at and back, and w	as provided by:	
Parent/Guardian PRINT		SIGNED Name:		DATE:		
	!					

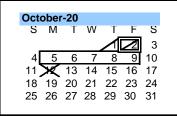
2020 - 2021

Bright Beginnings School



_						
Aug	ust-	20				
S	М	Т	W	Т	F	S
_						1
2	3	4	5	6 13	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	Ε	27	28	29
30	31					

Sep	tem	ber-	20			
S	М	Т	W	Т	F	S
		1	2	3	4	5
6	Н	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	Ε	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

	JULY				
27-31	Teacher Workdays				
30	Meet the Teacher All Grades (TBD)				
	` ,				
	AUGUST				
3	First day of school for students				
18	Back-To-School Night 5:00 - 7:00 pm (Grades K-6)				
26	Early Release 1:30 p.m.				
	SEPTEMBER				
7	Labor Day - No School				

	OCTOBER
1-2	Parent / Teacher Conferences -
	Half Day Schedule 11:30 a.m.
2	1st Quarter Ends (44 days)
10/5-10/9	First Intersession
12	Teacher Workday
13	School Resumes

Early Release 1:30 p.m.

23

11	Veterans Day - No School
25	Early Release 1:30 p.m.
26-27	Thanksgiving Holidays - No School
	DECEMBER
18	Half Day Schedule 11:30 a.m.
18	2nd Quarter Ends (46 days)
2-21 / 1-1	Second Intersession

JANUARY

MARCH

NOVEMBER

4	. 1	eacher Workday
5	S	chool Resumes
18	3 C	ivil Rights Day - No School
27	7 E	arly Release 1:30 p.m.
		FEBRUARY
15	5 P	FEBRUARY residents' Day - No School
15 24		

2

28

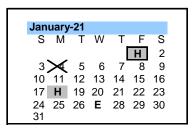
11-12	Parent / Teacher Conferences
	Half Day Schedule 11:30 a.m.
12	3rd Quarter Ends (47 days)
15-19	Third Intersession
22	Teacher Workday
23	School Resumes
	ADDII

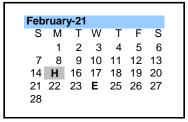
Spring Holiday - No School

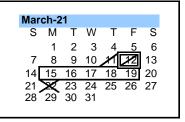
Early Release 1:30 p.m.

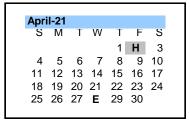
	MAY
21	Last Day of School -
	Half Day Schedule 11:30 a.m.
21	4th Quarter Ends (43 days)
24-25	Teacher Workdays
	JUNE

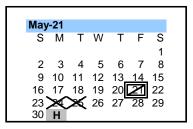
	LEGEND
	Total Student Days (180)
I imes	Teacher Inservice/Workday
30	Meet The Teacher Day
3	First Day for Students
	Half Day Schedule- 11:30am
	Quarter Ends (Total 180 days)
Н	Holidays
E	Early Release - 1:30pm
	Intersession
21	Last Day of School- 11:30 am
21	Last Day of School- 11.30 dff
_	













Bright Beginnings School Class Schedule/Fees 2020-21

KinderBridge

KinderBridge program M,W,F	8:30 a.m. - 2:50 p.m.	(age 4 by August 31)	\$475/month*
KinderBridge program M - F	8:30 a.m. – 2:50 p.m.	(age 4 by August 31)	\$790/month*

\$200 registration fee due at time of enrollment. 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)	\$125/month*
1 Day/wk (must be the same day(s) each week)	\$30/month*
Drop-in (paid at time of drop off)	\$15/hour

After School 3:00 p.m. – 6:00 p.m.

Preschool - Grade 6 (Monday – Friday)	\$250/month*
1 Day /wk (must be the same day(s) each week)	\$60/month*
Drop-In / Late Pickup (paid at the time of pickup)	\$15/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.

Student Activity Fee \$200/student *Any parent who wants their child to participate in extracurricular

activities, such as music, art, foreign language, Math Masters, Star Spellers, technology, and character counts programs are required to submit a \$200 activity fee per student before the beginning of the school year. Bright Beginnings Charter School will accept activity fees during

registration.

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.

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 by12 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
Haemophilus influenzae type b (Hib)	Hib 1	Hib 2	Hib 3** (see pg.2)	<u></u>	Hib 4** (see pg. 2)	Documented 3-4 doses
Poliomyelitis (Polio) (IPV or OPV)	Polio 1	Polio 2	==	Polio 3	Documen	ted 3 doses
Measles, Mumps and Rubella (MMR)	==	=	11	MMR 1	Note: MMR an be given on the	ited 1 dose d Varicella must e same day or at 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)	=	=		Нер А 1***		Hep A 2 (due 6 months after dose 1)
Summary of vaccines required for 15 months to Pre-kindergarten	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. ***2 doses of Hepatitis A are required for children 1-5 years old in Maricopa County only, but are recommended in all other counties.					

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



Excellence Today for Success Tomorrow

	Student Nam	e:
	Grade:	
	Tuition:	<u>\$</u>
	Before Care	<u>\$</u>
	After Care	<u>\$</u>
This letter will serve as authorization for Bright below on the 1st day of each month in the amount effect until further notice and any changes in prict to affecting the original amount approved. This cancelled in writing 15 days before the due date of ACH transactions to my (our) account must contain the contained of the account must contain the contained of the account must contain the contained of the co	nt of \$ing for the studer s authorization vo of the next payme	The amount provided will remain in nt tuition will be provided 30 days prior will remain in effect unless otherwise ent. I (we) acknowledge the origination
(Financial Inst	itution Name)	
(Routing/Transit Number) (Account Number)		Account:CheckingSavings
(Signature)	(Signature)	
(Print individual name)	(Print individ	ual name)
(Date)		

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM