



# BRIGHT BEGINNINGS

*Excellence Today for Success Tomorrow*

## **BRIGHT BEGINNINGS SCHOOL 2020-2021 KINDERBRIDGE REGISTRATION INFORMATION**

**Registration for students entering KinderBridge** will begin January 13<sup>th</sup>. 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](http://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 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

Select the class of your choice below:

\_\_\_\_\_ \*KinderBridge program M, W, F Full Day \*(age 4 by August 31, 2020)

\_\_\_\_\_ \*KinderBridge program M-F Full Day \*(age 4 by August 31, 2020)

**Parents/Guardian Names:**

Father:

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

Mother:

_____	_____	_____	_____	_____	_____	_____
Last Name	First Name	Initial	Maiden	Employed By	Phone	Cell 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 \_\_\_\_\_

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.

The answer to this question **will not** affect student's chance for enrollment.

Preferred e-mail address (required): \_\_\_\_\_

Name(s) and grade(s) of siblings who are registered to attend BBS in 2020-2021

\_\_\_\_\_ 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

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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# 2020 - 2021 Bright Beginnings School

July-20						
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	<del>27</del>	<del>28</del>	<del>29</del>	<del>30</del>	<del>31</del>	

August-20						
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	E	27	28	29
30	31					

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

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

November-20						
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	E	H	H	28
29	30					

December-20						
S	M	T	W	T	F	S
			1	2	3	4
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	
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
23	Early Release 1:30 p.m.

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

NOVEMBER	
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)
12-21 / 1-1	Second Intersession

JANUARY	
4	Teacher Workday
5	School Resumes
18	Civil Rights Day - No School
27	Early Release 1:30 p.m.

FEBRUARY	
15	Presidents' Day - No School
24	Early Release 1:30 p.m.

MARCH	
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

APRIL	
2	Spring Holiday - No School
28	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)
	Teacher Inservice/Workday
	Meet The Teacher Day
	First Day for Students
	Half Day Schedule- 11:30am
	Quarter Ends (Total 180 days)
	Holidays
	Early Release - 1:30pm
	Intersession
	Last Day of School- 11:30 am

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

February-21						
S	M	T	W	T	F	S
						1
7	8	9	10	11	12	13
14	H	16	17	18	19	20
21	22	23	E	25	26	27
28						

March-21						
S	M	T	W	T	F	S
						1
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	<del>22</del>	23	24	25	26	27
28	29	30	31			

April-21						
S	M	T	W	T	F	S
					H	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	

May-21						
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	<del>24</del>	<del>25</del>	26	27	28	29
30	H					

June-21						
S	M	T	W	T	F	S
						1
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 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 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.

**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.

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 <sup>th</sup> 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:  <b>3 Hep B, 4 DTaP, 3 Polio, 1 MMR, 1 Varicella, and 3-4 Hib or 1 Hib</b> 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.



# BRIGHT BEGINNINGS

*Excellence Today for Success Tomorrow*

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

Grade: \_\_\_\_\_

Tuition: \$ \_\_\_\_\_

Before Care \$ \_\_\_\_\_

After Care \$ \_\_\_\_\_

This letter will serve as authorization for **Bright Beginnings School** to debit my/our bank account listed below on the **1st** day of each month in the amount of \$\_\_\_\_\_. The amount provided will remain in effect until further notice and any changes in pricing for the student tuition will be provided 30 days prior to affecting the original amount approved. This authorization will remain in effect unless otherwise cancelled in writing 15 days before the due date of the next payment. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

\_\_\_\_\_  
(Financial Institution Name)

\_\_\_\_\_  
(Routing/Transit Number)      \_\_\_\_\_  
(Account Number)      Type of Account: \_\_\_Checking \_\_\_Savings

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print individual name)

\_\_\_\_\_  
(Print individual name)

\_\_\_\_\_  
(Date)

***PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM***