



**BRIGHT BEGINNINGS SCHOOL
2021-2022 KINDERBRIDGE
REGISTRATION INFORMATION**

Registration for students entering KinderBridge will begin January 11th. Students must be at least four years old by August 31, 2021.

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. 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: _____

2021-2022 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, 2021)

_____ *KinderBridge program M-F Full Day *(age 4 by August 31, 2021)

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 _____

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 2021-2022

_____ 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.



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

Is child allergic to food or other substances? If yes , describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is child usually susceptible to infections and if so, what precautions need to be taken? If yes , list precautions:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is child subject to convulsions and what should be our procedure if one occurs? If yes , specify procedure:	<input type="checkbox"/> No <input type="checkbox"/> Yes
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.)? If yes , list precautions:	<input type="checkbox"/> No <input type="checkbox"/> Yes
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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2021 - 2022

Bright Beginnings School

July-21

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

August-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	24	E	26	27	28
29	30	31				

September-21

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

October-21

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

November-21

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

December-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	H	25
26	27	28	29	30	H	

JULY

- 12-16 Teacher Workdays
- 15 Meet the Teacher All Grades (4:30 - 6:30 pm)
- 19 First day of school for students

AUGUST

- 3 Back-To-School Night 5:00 - 7:00 pm (Grades K-6)
- 25 Early Release 1:30 p.m.

SEPTEMBER

- 1 Half Day Schedule 11:30 a.m. Release
- 6 Labor Day - No School
- 22 Early Release 1:30 p.m.
- 24 Parent / Teacher Conferences - 11:30 Release
- 24 1st Quarter Ends (49 days)

OCTOBER

- 9/27-10/8 First Intersession
- 11 Teacher Workday
- 12 School Resumes

NOVEMBER

- 3 Early Release 1:30 p.m.
- 11 Veterans Day - No School
- 24 Early Release 1:30 p.m.
- 25-26 Thanksgiving Holidays - No School

DECEMBER

- 17 Half Day Schedule 11:30 a.m. Release
- 17 2nd Quarter Ends (46 days)
- 12-20 / 12-3 Second Intersession

JANUARY

- 3 Teacher Workday
- 4 School Resumes
- 17 Civil Rights Day - No School
- 26 Early Release 1:30 p.m.

FEBRUARY

- 9 Half Day Schedule 11:30 a.m. Release
- 21 Presidents' Day - No School
- 23 Early Release 1:30 p.m.

MARCH

- 11 Parent / Teacher Conferences - 11:30 Release
- 11 3rd Quarter Ends (47 days)
- 3/14-25 Third Intersession
- 28 Teacher Workday
- 29 School Resumes

APRIL

- 15 Spring Holiday - No School
- 27 Early Release 1:30 p.m.

MAY

- 4 Early Release 1:30 p.m.
- 20 Last Day of School -
- 20 Half Day Schedule 11:30 a.m.
- 20 4th Quarter Ends (38 days)
- 23-24 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-22

S	M	T	W	T	F	S
						1
2	X	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	29
30	31					

February-22

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	H	22	E	24	25	26
27	28					

March-22

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	X	29	30	31		

April-22

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

May-22

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

June-22

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 2021-22

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 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)	\$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.

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.



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