

Excellence Today for Success Tomorrow

## BRIGHT BEGINNINGS SCHOOL 2021-2022 K-6<sup>th</sup> REGISTRATION INFORMATION FOR RETURNING STUDENTS

**All currently enrolled Bright Beginnings Charter School students entering Kindergarten through 6<sup>th</sup> grades** will register Monday through Friday, January 11<sup>th</sup>-15<sup>th</sup>, 2021 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-6<sup>th</sup> 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.



Date position accepted: \_\_\_\_\_

Office Use Only

### **Bright Beginnings Elementary School**

400 N. Andersen Blvd. Chandler, AZ 85224 Phone: 480-821-1404 – Fax: 480-821-1463

www.bbschl.com

#### 2021-2022 APPLICATION FOR STUDENT ENROLLMENT **ALL QUESTIONS MUST BE ANSWERED**

Office Use Only	
Grade:	
Entry Code:	
Entry Date:	
Activity Fee:	
Consumable:	_
Computer entry date:	

STUDENT NAME	= Legal I	l ast		Firs	st .		Middle		"Nickname"	
Od D	•					Δ				
Gender B	sirth Date M	lonth	Day	Year		Age	_ Home le	lepnone Numbe	er	
Mailing Address										
-	Numl	per & Street			Apt. or Sp	ace #		City	Zip	
Grade applying	g									
2021-2022		Half-Day – K 5 by 8-31-21								
Parents/Guard	lian Names:									
Father:										
Father: Last Nam	пе	Fire	st Name	Init	tial	Employed By	Pł	none	Cell	phone
Biological I	Father	_Step-Father	Grandfa	ather	Other, Specify	<i>'</i>				_
Student lives with	n this parent/g	uardian?	Yes	No	Shared with	other parent/g	uardian			
Mother:										
Last Nam	ne	First	Name	Initia	al N	Maiden	Employ	ed By	Phone	Cell phone
Biological I	Mother	_Step-Mother	Grand	mother	Other, Spec	cify				_
Student lives with	n this parent/g	uardian?	_Yes	No	Shared with	other parent/g	uardian			
Who has legal of	custody?	Parents	Mother	Fat	ther	Grandparents	otl	ner, Specify		
ETHNIC / RAC If other, specify							anicAr	nerican Indian	Asian	Other
School Last A	ttended:									
		Name of Schoo				Full Mailing A			Telephone n	umber
	r 20-21 (Last			Since	acctully cam					
Grade level lo	r 20-21 (Las	t Year)		Succe	essfully com	ipietea yes		no		
Additional Stu	•	t Year)								
	dent Inform services, has year of service	ation (The answork of the thick	swer to thes	e questions al education (ir	will not affe	ect student's h, OT, or resou	enrollment)	Yes	No.	
Additional Stu For continuity of s If yes, state the y	dent Inform services, has year of services not considere	ation (The and your child ever not see declared Educations)	swer to thes eceived specia	e questions al education (ir dn't be checke	will not affe	ect student's h, OT, or resou	enrollment)	Yes		
Additional Stu For continuity of s If yes, state the y ADD or ADHD is	dent Inform services, has y ear of service: not considere t have a curren	ation (The and your child ever not sold a Special Education (IEP?	swer to thes eceived specia ation and shoul	e questions al education (ir dn't be checke	will not affer including speed ed unless usin	ect student's h, OT, or resou	enrollment)	Yes		
Additional Stu For continuity of silf yes, state the yild ADD or ADHD is Does this student	dent Inform services, has y ear of service not considere t have a currel received a 504	ation (The analyour child ever riss dispecial Education (The analyour child ever riss dispecial Education (Tep?	swer to thes eceived specia ition and shoul Yes n plan?	e questions al education (ir dn't be checke NoYes	will not affer not unless using No	ect student's h, OT, or resou	enrollment)	Yes		
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Additional Stu For continuity of a lif yes, state the y ADD or ADHD is Does this student Has this student	dent Inform services, has y ear of service: not considere t have a currer received a 504 received ELL/I	ation (The analyour child ever rissd Special Education (IEP?4 accommodation ESL services? Yes	swer to thes eceived specia ation and shoul  Yes n plan?  Yes  No	e questions al education (ir dn't be checke NoYes No	will not affer necluding speed ed unless using No	ect student's h, OT, or resou g a 504 accom	enrollment) Irce) services? modation plan	: YYes	No.	
Additional Stu For continuity of a lifyes, state the y ADD or ADHD is Does this student Has this student	dent Inform services, has y ear of services not considere t have a currer received a 504 received ELL/I been retained	ation (The analyour child ever result of Special Education (IEP?	swer to thes eceived specia ation and shoul Yes n plan? Yes No	e questions al education (ir dn't be checke No Yes No the language	will not affer necluding speed ed unless using No	ect student's  ch, OT, or resou g a 504 accomi	enrollment) Irce) services? modation plan	Yes	No.	

Is the student a dependent of a member of the United States r	nilitary 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	al Guard, or Rese	erve 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 for	ce 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	
Name(s) and grade(s) of siblings who are planning	to attend BBS	S in 2021-2022
	going into	
	going into	
	going into	
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.





# 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> </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 Telephone Number:		
Name:		Contact Telepho	ne Number:	
If Medical care is necessary, call:				
Health Care Name:		Contact Teleph	one Number:	
*A Health Care Provider is a physician, physician assistant or registered 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 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 ca	rd at all times	S:			
Copy of current official documented imm	nunization reco	rd attached			
Religious Beliefs exemption form signed by parent/guardian attached					
Medical Exemption form signed by phys	sician and paren	t/guardian attached	l		
Signed Laboratory Proof of Immunity for					
Notification of immunizations needed sent to Parent(s) or Guardi			mo /day /yr		
Updated immunizations received and atta	ched: 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	I the procedure to f	ollow if reaction occur	No Yes		
Is child usually susceptible to infections and if so, what pred If yes, list precautions:		_	No ☐ Yes		
Is child subject to convulsions and what should be our procedif yes, specify procedure:	edure if one occ	urs?	No Yes		
Is there any physical condition that we should be aware of be taken (heart trouble, foot problem, hearing impairment, hearing	-	autions should	No Yes		
Additional comments:					
Other special instructions:					
This Emergency Information and Immunization Record Card is acc	curate and complete	e. front and back, and v	was provided by:		
Parent/Guardian PRINTED Name: SIGNED Name:	•	DATE:	•		



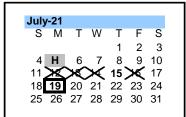
## Arizona Department of Education Arizona Residency Documentation Form

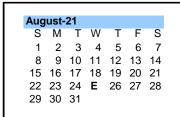
Stude	nt School	
Schoo	ol District or Charter Holder	
As th	t/Legal Guardiane Parent/Legal Guardian of the Student, I attest* that I am a residen port of this attestation a copy of the following document that displa	t of the State of Arizona and submit
or ph	vsical description of the property where the student resides:	
	Valid Arizona driver's license, Arizona identification card or many Valid Arizona Address Confidentiality Program authorization of 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 Indian tribe in Arizona Documentation from a state, tribal or federal government agency Veteran's Administration, Arizona Department of Economic Set Temporary on-base billeting facility (for military families)	on issued by a recognized by (Social Security Administration,
	I am currently unable to provide any of the foregoing document original affidavit signed and notarized by an Arizona resident was residence in Arizona with the person signing the affidavit.	ts. Therefore, I have provided an ho attests that I have established
Signat	ure of Parent/Legal Guardian	Date

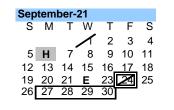
\*For members of the armed services, the provision of verifiable documentation does not serve as a declaration of official residency for income tax or other legal purposes. Armed service members may utilize a temporary onbase billeting facility as the address for proof of residency.

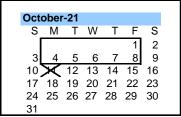
## 2021 - 2022

## **Bright Beginnings School**

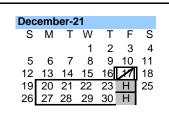












Bright Beginnings Elementary School 400 N. Andersen Blvd.

Chandler, AZ 85224

O: 480-821-1404 F: 480-821-1463

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						
Ī	1	Half Day Schedule 11:30 a.m. Release				
	_					

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				

<b>JANUAR</b>	Υ

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

12-20 / 12-3 Second Intersession

17

29

	FEBRUARY
9	Half Day Schedule 11:30 a.m. Release
21	Presidents' Day - No School

2nd Quarter Ends (46 days)

#### 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

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

School Resumes

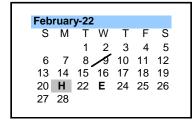
	IVIAT
4	Early Release 1:30 p.m.
20	Last Day of School -
	Half Day Schedule 11:30 a.i
20	4th Quarter Ends (38 days)

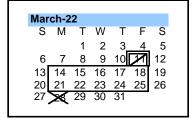
23-24 Teacher Workdays

## JUNE

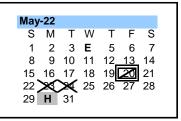
	LEGEND
X 15 19 H	Total Student Days (180) Teacher Inservice/Workday Meet The Teacher Day First Day for Students Half Day Schedule- 11:30am Quarter Ends (Total 180 days) Holidays
	Early Release - 1:30pm Intersession
20	Last Day of School- 11:30 am

January-22 S M T W ΤF 2 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





Apri	il-22					
S	М	Т	W	Т	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	Н	16
17	18	19	20	21	22	23
24	25	26	Ε	28	29	30





## Bright Beginnings School Class Schedule/Fees 2021-22

#### KinderBridge

\$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 *

<sup>\*</sup>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.

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 SCHOOL ENTRY GRADES K-12



Last revision: October 2018

Immunization requirements by age and grade for school attendance. Vaccines must follow minimum intervals and ages to be valid. A 4-day grace period applies in most situations.

Vaccine	4-6 Years Old Kindergarten or 1 <sup>st</sup> grade	7-10 Years Old	11 Years and Older		
Hepatitis B (Hep B or HBV)	3 doses 3 doses acceptable if dose #3 was received at or after 24 weeks of age; otherwise 4 doses are required with the final dose at or after 24 weeks of age.				
Poliomyelitis/ Polio (IPV or OPV)	4 doses 3 doses acceptable if dose #3 was received on or after 4 years of age. Students who received 3 or 4 doses (with 4 weeks minimum intervals between doses) PRIOR to August 7, 2009 have met the requirement. The final dose of polio administered ON or AFTER August 7, 2009 must be given at a minimum of 4 years of age AND a minimum interval of 6 months following the previous dose.  Polio is not required for students who are 18 years of age or older.				
Measles, Mumps and Rubella (MMR or MMR-V)	2 doses  Minimum recommended age for dose #1 is 12 months. A 3 <sup>rd</sup> dose will be required if dose #1 was given more than 4 days before 1 <sup>st</sup> birthday.  MMR and Varicella must be given on the same day or at least 28 days apart				
Varicella (chickenpox) (VAR or MMR-V)	1 dose Minimum recommended age for dose #1 is 12 months. 2 doses are required if the 1 <sup>st</sup> dose was given at 13 years of age or older.  MMR and Varicella must be given on the same day or at least 28 days apart				
Diphtheria, Tetanus, and Pertussis	5 doses of DTaP, DTP or DT 4 doses acceptable if last dose was given on or after 4 years of age.  A 6th dose is required if 5 doses have been given before 4 years of age.	4 doses of DTaP, DTP, DT, Tdap or Td 3 doses acceptable if first dose was given on or after 1 <sup>st</sup> birthday.  Tdap given at ages 7-10 will meet the 11-year-old+ Tdap requirement.	1 dose of Tdap is required Students must have a minimum of 3 doses of tetanus/diphtheria vaccine which may include 1 Tdap.  If Tdap has not been previously given, 1 dose of Tdap is required when at least 5 years has passed since the last dose of tetanus- containing vaccine.		
Quadrivalent Meningococcal (MenACWY or MCV4)			1 dose of quadrivalent meningococcal ACWY is required. A dose administered at 10 years of age will meet the requirement.		

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



## Excellence Today for Success Tomorrow

	Student Name	e:
	Grade:	
	Tuition:	<u>\$</u>
	Before Care	<u>\$</u>
	After Care	<u>\$</u>
below on the <u>1st</u> day of each month in effect until further notice and any char to affecting the original amount app	n the amount of \$nnges in pricing for the studer proved. This authorization whe due date of the next payment.	to debit my/our bank account listed The amount provided will remain in tuition will be provided 30 days prior will remain in effect unless otherwise ent. I (we) acknowledge the origination rovisions of U.S. law.
(Fi	nancial Institution Name)	
(Routing/Transit Number) (Acc	Type of A	Account:CheckingSavings
(Signature)	(Signature)	
(Print individual name)	(Print individ	ual name)
(Date)		

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM