BRIGHT BEGINNINGS

*Excellence Today for Success Tomorrow*

**BRIGHT BEGINNINGS SCHOOL**
**2021-2022 K-6th REGISTRATION INFORMATION**
**FOR RETURNING STUDENTS**

**All currently enrolled Bright Beginnings Charter School students entering Kindergarten through 6th grades** will register Monday through Friday, January 11th-15th, 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-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
Excellence Today for Success Tomorrow

**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: _____
Activity Fee: _____
Consumable: _____
Computer entry date: _____

**Office Use Only**
Date position accepted: _____

**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

**Grade applying** _____ _____ _____ _____ _____ _____ _____ _____
**2021-2022**

| All-Day – K | Half-Day – K | 1st grade | 2nd grade | 3rd grade | 4th grade | 5th grade | 6th grade |
|---|---|---|---|---|---|---|---|
| 5 by 8-31-21 | 5 by 8-31-21 | 6 by 8-31-21 | 7 by 8-31-21 | 8 by 8-31-21 | 9 by 8-31-21 | 10 by 8-31-21 | 11 by 8-31-21 |

**Parents/Guardian Names:**

Father: _____
Last Name First Name Initial Employed By Phone Cell 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 Maiden Employed By Phone Cell 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 Telephone number

**Grade level for 20-21 (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

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

Primary e-mail address (**required**): _____

Secondary email address:_____

Name(s) and grade(s) of siblings who are planning to attend BBS 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.*

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:** ☐ **male** ☐ **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:

| | |
|---|---|
| ☐ | Copy of current official documented immunization record attached |
| ☐ | Religious Beliefs exemption form signed by parent/guardian attached |
| ☐ | Medical Exemption form signed by physician and parent/guardian attached |
| ☐ | 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? ☐ **No** ☐ **Yes**<br>**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? ☐ **No** ☐ **Yes**<br>**If yes**, list precautions: | |
| Is child subject to convulsions and what should be our procedure if one occurs? ☐ **No** ☐ **Yes**<br>**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.)? ☐ **No** ☐ **Yes**<br>**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.

#2803440

# 2021 - 2022
## Bright Beginnings School

**July-20**

| S | M | T | W | T | F | S |
|---|---|---|---|---|---|---|
| | | | | 1 | 2 | 3 |
| 4 | H | 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-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 | E | 26 | 27 | 28 |
| 29 | 30 | 31 | | | | |

**September-20**

| S | M | T | W | T | F | S |
|---|---|---|---|---|---|---|
| | | | 1 | 2 | 3 | 4 |
| 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-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 | 26 | 27 | 28 | 29 | 30 |
| 31 | | | | | | |

**November-20**

| 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-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 | H | 25 |
| 26 | 27 | 28 | 29 | 30 | H | |

Bright Beginnings Elementary School
400 N. Andersen Blvd.
Chandler, AZ 85224
O: 480-821-1404 F: 480-821-1463

12/8/2020

**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 - Half Day Schedule 11:30 a.m. |
| 20 | 4th Quarter Ends (38 days) |
| 23-24 | Teacher Workdays |

**JUNE**

**LEGEND**

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

**January-21**

| 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 | 29 |
| 30 | 31 | | | | | |

**February-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 | H | 22 | E | 24 | 25 | 26 |
| 27 | 28 | | | | | |

**March-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 | 25 | 26 |
| 27 | 28 | 29 | 30 | 31 | | |

**April-21**

| 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-21**

| 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 | 23 | 24 | 25 | 26 | 27 | 28 |
| 29 | H | 31 | | | | |

**June-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 | 25 |
| 26 | 27 | 28 | 29 | 30 | | |

# 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 SCHOOL ENTRY

# GRADES K-12

ADHS

**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 1st grade | 7-10 Years Old | 11 Years and Older |
|---|---|---|---|
| **Hepatitis B (Hep B or HBV)** | **3 doses**<br>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**<br>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.<br><br>Polio is not required for students who are 18 years of age or older. | | |
| **Measles, Mumps and Rubella (MMR or MMR-V)** | **2 doses**<br>Minimum recommended age for dose #1 is 12 months. A 3rd dose will be required if dose #1 was given more than 4 days before 1st birthday.<br><br>MMR and Varicella must be given on the same day or at least 28 days apart | | |
| **Varicella (chickenpox) (VAR or MMR-V)** | **1 dose**<br>Minimum recommended age for dose #1 is 12 months.<br>2 doses are required if the 1st dose was given at 13 years of age or older.<br><br>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**<br>4 doses acceptable if last dose was given on or after 4 years of age.<br><br>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**<br>3 doses acceptable if first dose was given on or after 1st birthday.<br><br>Tdap given at ages 7-10 will meet the 11-year-old+ Tdap requirement. | **1 dose of Tdap is required**<br>Students must have a minimum of 3 doses of tetanus/diphtheria vaccine which may include 1 Tdap.<br><br>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.**<br>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.**

Arizona Immunization Program Office • 150 North 18th Avenue, Suite 120
Phoenix, AZ 85007 • (602) 364-3630

**Last revision: October 2018**

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)

_____ _____ Type of Account: ___Checking ___Savings
(Routing/Transit Number) (Account Number)

_____ _____
(Signature) (Signature)

_____ _____
(Print individual name) (Print individual name)

_____
(Date)

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