



# BRIGHT BEGINNINGS

*Excellence Today for Success Tomorrow*

## **BRIGHT BEGINNINGS SCHOOL 2022-2023 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 10<sup>th</sup>-14<sup>th</sup>, 2022 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.



**Bright Beginnings Elementary 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**  
 Grade: \_\_\_\_\_  
 Entry Code: \_\_\_\_\_  
 Entry Date: \_\_\_\_\_  
 Computer entry date: \_\_\_\_\_

**Office Use Only**  
 Date position accepted: \_\_\_\_\_

**2022-2023 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**  
 2022-2023 All-Day – K Half-Day – K 1<sup>st</sup> grade 2<sup>nd</sup> grade 3<sup>rd</sup> grade 4<sup>th</sup> grade 5<sup>th</sup> grade 6<sup>th</sup> grade  
 5 by 8-31-22 5 by 8-31-22 6 by 8-31-22 7 by 8-31-22 8 by 8-31-22 9 by 8-31-22 10 by 8-31-22 11 by 8-31-22

**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 21-22 (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

Primary e-mail address (required): \_\_\_\_\_ Secondary e-mail address: \_\_\_\_\_

Name(s) and grade(s) of siblings who are planning to attend BBS in 2022-2023  
 \_\_\_\_\_ going into \_\_\_\_\_  
 \_\_\_\_\_ going into \_\_\_\_\_

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

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**

<b>Child's Name:</b>	<b>Date Enrolled:</b>	Updated:
<b>Home Address (#, Street, City, State, Zip Code):</b>		<b>Date Disenrolled:</b>
<b>Home Phone:</b>	<b>Date of Birth:</b>	Sex: <input type="checkbox"/> male <input type="checkbox"/> female

<b>Mother or Guardian Name:</b>	<b>Home Address (#, Street, City, State, Zip Code):</b>
Cell Phone (optional):	<b>Contact Telephone Number:</b>

<b>Father or Guardian Name:</b>	<b>Home Address (#, Street, City, State, Zip Code):</b>
Cell Phone (optional):	<b>Contact Telephone Number:</b>

**I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted:**

<b>Name:</b>	<b>Contact Telephone Number:</b>
<b>Name:</b>	<b>Contact Telephone Number:</b>
<b>Name:</b>	<b>Contact Telephone Number:</b>
<b>Name:</b>	<b>Contact Telephone Number:</b>

If Medical care is necessary, call:

<b>Health Care Provider*</b>	<b>Name:</b>	<b>Contact Telephone Number:</b>
------------------------------	--------------	----------------------------------

\*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](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**

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

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.

# 2022 - 2023

## Bright Beginnings School

July-22						
S	M	T	W	T	F	S
					1	2
3	H	5	6	7	8	9
10	X	X	X	X	14	X
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

August-22						
S	M	T	W	T	F	S
		1	2	3	4	5
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	E	25	26	27
28	29	30	X	31		

September-22						
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	E	29	30

October-22						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	X	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

November-22						
S	M	T	W	T	F	S
		1	E	3	4	5
6	7	8	9	10	H	12
13	14	15	16	17	18	19
20	21	22	E	H	H	26
27	28	29	30			

December-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	H	27	28	29	30	31

JULY	
11-15	Teacher Workdays
14	Meet the Teacher All Grades (4:30 - 6:30 pm)
18	First day of school for students

AUGUST	
2	Back-To-School Night 5:00 - 7:00 pm (Grades K-6)
24	Early Release 1:30 p.m.
31	Half Day Schedule 11:30 a.m. Release

SEPTEMBER	
5	Labor Day - No School
29	Early Release 1:30 p.m.
30	Parent / Teacher Conferences - 11:30 Release
30	1st Quarter Ends (54 days)

OCTOBER	
10/3-10/14	First Intersession
17	Teacher Workday
18	School Resumes

NOVEMBER	
2	Early Release 1:30 p.m.
11	Veterans Day - No School
23	Early Release 1:30 p.m.
24-25	Thanksgiving Holiday - No School

DECEMBER	
23	Half Day Schedule 11:30 a.m. Release
23	2nd Quarter Ends (46 days)
12-26 / 1-6	Second Intersession

JANUARY	
9	Teacher Workday
10	School Resumes
16	Civil Rights Day - No School
25	Early Release 1:30 p.m.

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

MARCH	
9	Parent / Teacher Conferences - 1:30 Release
10	Parent / Teacher Conferences - 11:30 Release
10	3rd Quarter Ends (42 days)
3/13-24	Third Intersession
27	Teacher Workday
28	School Resumes

APRIL	
7	Spring Holiday - No School
26	Early Release 1:30 p.m.

MAY	
3	Early Release 1:30 p.m.
19	Last Day of School - Half Day Schedule 11:30 a.m.
19	4th Quarter Ends (38 days)
22-23	Teacher Workdays

JUNE	

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

January-23						
S	M	T	W	T	F	S
1	H	3	4	5	6	7
8	X	10	11	12	13	14
15	H	17	18	19	20	21
22	23	24	E	26	27	28
29	30	31				

February-23						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	X	16	17	18
19	H	21	22	23	24	25
26	27	28				

March-23						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	E	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	X	28	29	30	31	

April-23						
S	M	T	W	T	F	S
						1
2	3	4	5	6	H	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	E	27	28	29
30						

May-23						
S	M	T	W	T	F	S
		1	2	E	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	X	X	24	25	26
27	28	H	30	31		

June-23						
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 2022-23

### 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 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.**