

Excellence Today for Success Tomorrow

BRIGHT BEGINNINGS SCHOOL 2023-2024 KINDERBRIDGE REGISTRATION INFORMATION

Registration for students entering KinderBridge will begin January 17th, 2023. Students must be at least four years old by August 31, 2023.

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. A check for the registration fee is required to be attached to the enrollment packet at the time of submission. 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:

2023-2024 APPLICATION FOR STUDENT ENROLLMENT ALL QUESTIONS MUST BE ANSWERED

STUDENT N	IAME									
	Legal La	est		ſ	First		Middl	e	"Nickname'	,
Gender	Birth Date Mo	nth	Day	Year		Age	Hor	ne Telephone Number	•	
Mailing Addr	ress							O II		
	Numbe	er & Street			Apt. or S	Space #		City	Zip	
Select the	class of your cho	oice below:								
	*KinderB	ridge progi	am M, W, F	Full Day	*(age 4	by August 3	31, 2023)			
	*KinderB	ridge progi	am M-F Ful	II Day	*(age 4	by August 3	31, 2023)			
Parents/0	Guardian Names:									
Father:										
La	ast Name		First Name		Initial	Employe	d By	Phone	Се	ll phone
Biolo	ogical Father	_Step-Father	Grar	ndfather _	Other, Spo	ecify				
Mother:										
La	ast Name	F	irst Name		Initial	Maiden		Employed By	Phone	Cell phone
Biolo	ogical Mother	_Step-Mothe	erGra	ndmother	Other, S	Specify				
Student liv	ves with:Pa	rents	Mother	Fath	erOt	ther, Specify				
Who has	legal custody?	Parents	Moth	ner	_Father	Grandpa	rents	Other, Specify_		
ETHNIC /		•		•	_White		•	American Indiar	nAsian	Other
Additiona	al Student Inform	ation (The a	nswer to th	ese questi	ons will not	affect stude	nt's enrol	ment):		
Has your	child ever been in	a Special E	ducation prog	gram?	Yes	No If y	es, state th	e year of services _		_
Speech & I	child have a current Language is conside ng a 504 accommoda	red Special E			necked yes. Al	DD or ADHD is	s not consid	ered Special Education	n and shouldn't	be checked
Preferred (e-mail address (ı	required):								
Name(s) a	and grade(s) of si	blings who	are register	red to atter	nd BBS in 20	023-2024				
				going in going in						
SIGNATUR	RE OF PARENT O	R I FGAL G	JARDIAN					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: _ male _ female
			<u>I</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 Telepho	ne Number:
Name:		Contact Telepho	ne Number:
If Medical care is necessary, call:			
Health Care Provider* Name:		Contact Teleph	one Number:
*A Health Care Provider is a physic	cian, physician assistant or re	egistered 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 NO	OT remove my child from the	ne facility:	Ť
Name(s):			
Custody papers have been provided and are	e on file at the facility. yes	no	
Telephone Authorization Code (opt	ional):		

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.)

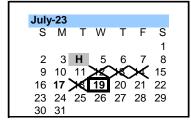
For information regarding current immunization requirements go to:

www.azdhs.gov/phs/immun/index.htm or contact the Arizona Immunization Program Office at (602)364-3630.

One of these i	items must accomp	pany the EIIR card at a	all times:		
	Copy of current official documented immunization record attached				
	Religious Beliefs exemption form signed by parent/guardian attached				
	Medical Exemption for	orm signed by physician a	and parent/gua	rdian attached	
		oof of Immunity form atta			
Notification of immu	nizations needed sent to	o Parent(s) or Guardian(s):	mo /day/ yr	mo /day/ yr	mo /day /yr
U	Jpdated immunization	ns received and attached:	mo /day/ yr	mo /day/ yr	mo /day /yr
_	food or other substance	ees? nces to be avoided, and the pro	ocedure to follow	_	No Yes
Is child usually susc If yes, list precautions:	•	and if so, what precaution	is need to be ta	ıken?	No Yes
Is child subject to configure, specify procedure		should be our procedure i	f one occurs?		No Yes
	ıble, foot problem, hea	should be aware of and varing impairment, hernia,	-	ns should	No Yes
Additional commen	its:				
Other special instru	ctions:				
This Emergency Infor	mation and Immunizatio	on Record Card is accurate ar	nd complete, fron	at and back, and w	as provided by:
Parent/Guardian PRINT		SIGNED Name:		DATE:	
	!				

2023 - 2024

Bright Beginnings School



August-23						
S	M	Т	W	Т	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	Ε	24	25	26
27	28	29	30	31		









Bright Beginnings Elementary School 400 N. Andersen Blvd. Chandler, AZ 85224

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

	JULY
12-18	Teacher Workdays
17	Meet the Teacher All Grades (4:30 - 6:30 pm)
19	First day of school for students
	AUGUST
3	Curriculum Night 5:00 - 7:00 pm (Grades K-6)
23	Early Release 1:30 p.m.

SEPTEMBER

4	Labor Day - No School
20	Parent/Teacher Conferences Early Release - 1:30 p.m.
21	Parent/Teacher Conferences - 11:30 Release
29	1st Quarter Ends (52 days)
	OCTOBER
10/2-10/13	First Intersession
16	Teacher Workday
17	School Resumes
	NOVEMBER
1	Early Release 1:30 p.m.
10	Veterans Day - No School
22	No School
23-24	Thanksgiving Holiday - No School
	DECEMBER
22	Half Day Schedule 11:30 a.m. Release
22	2nd Quarter Ends (45 days)
12-25 / 1-5	Second Intersession
	JANUARY

9 15 24	School Resumes Civil Rights Day - No School Early Release 1:30 p.m.
	FEBRUARY
19 28	Presidents' Day - No School Parent/Teacher Conferences

Teacher Workday

8

	MARCH
29	Parent/Teacher Conferences - 11:30 Release
28	Parent/Teacher Conferences Early Release - 1:30 p.m.
10	1 residents bay 140 denoti

3/11-22 25 26	3rd Quarter Ends (42 days) Third Intersession Teacher Workday School Resumes Spring Holiday - No School
	APRIL
10 24	Early Release 1:30 p.m. Early Release 1:30 p.m.

	MAY
22	Last Day of School -

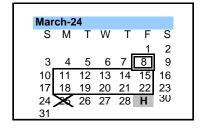
22	Last Day of School -
	Half Day Schedule 11:30 a.m
22	4th Quarter Ends (41 days)
23-24	Teacher Workdays

JUNE

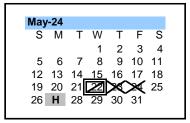
	LEGEND
17 19 H E NS 22	Total Student Days (180) Teacher Inservice/Workday Meet The Teacher Day First Day for Students Half Day Schedule- 11:30am Quarter Ends Holidays Early Release - 1:30pm Intersession No School Last Day of School- 11:30 am

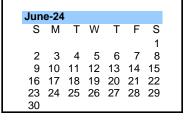
January-24							
S	M		W	Т	F	S	
ı	Н	2	3	4	5	6	
7	$\overline{\varkappa}$	9	10	11	12	13	
14	Н	16	17	18	19	20	
21	22	23	Ε	25	26	27	
28	29	30	31				

Feb	ruar	'y-24					
S	М	Т	W	Т	F	S	
				1	2	3	
4	5	6	7	8	9	10	
11	12	13	14	15	16	17	
				22	23	24	
25	26	27	E	29			
LEAP YEAR							



April-24							
S	M	Т	W	Т	F	S	
	1	2	3	4	5	6	
7	8	9	Е	11	12	13	
14	15	16	17	18	19	20	
21	22	23	Ε	25	26	27	
28	29	30					





Bright Beginnings School Class Schedule/Fees 2023-24

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)	\$160/month*
1 Day/wk (must be the same day(s) each week)	\$40/month*
Drop-in (paid at time of drop off)	\$20/hour

After School 3:00 p.m. – 6:00 p.m.

Preschool - Grade 6 (Monday – Friday)	\$325/month*
1 Day /wk (must be the same day(s) each week)	\$80/month*
Drop-In / Late Pickup (paid at the time of pickup)	\$20/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.

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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 by12 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		
Haemophilus influenzae type b (Hib)	Hib 1	Hib 2	Hib 3** (see pg.2)	<u></u>	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)	==	=	11	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)	=	=		Нер А 1***		Hep A 2 (due 6 months after dose 1)		
Summary of vaccines required for 15 months to Pre-kindergarten	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. ***2 doses of Hepatitis A are required for children 1-5 years old in Maricopa County only, but are recommended in all other counties.							

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