

Excellence Today for Success Tomorrow

## BRIGHT BEGINNINGS SCHOOL 2024-2025 KINDERBRIDGE REGISTRATION INFORMATION

**Registration for students entering KinderBridge** will begin January 16<sup>th</sup>, 2024. Students must be at least four years old by August 31, 2024.

#### 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:	

#### 2024-2025 APPLICATION FOR STUDENT ENROLLMENT ALL QUESTIONS MUST BE ANSWERED

STUDENT N	NAME								
		Legal Last Name	Э		First		ľ	Middle	Nickname
Gender	Birth Date	Month	Day	Year		Age	Hom	e Telephone Number	
			Day	Teal					
Mailing Addi	ress	Number	& Street		Apt. or Spa	ace #		City	Zip
Select the	e class of your o	choice below:							
00.000 0.00	-			Eull Day	*(age 4 by	August :	31 2024)		
	_			•		-	•		
	_ *Kinde	rBridge progr	am M-F Full	Day	*(age 4 by	August	31, 2024)		
Parents/	Guardian Name	s:							
Father:									
	Last Name		First Na	ıme	Initial		Emp	loyed By	Primary Phone
Biolo	ogical Father	Step-Father	Grand	dfather	Other, Speci	fv			
				_		· ,			
Mother:									
	Last Name		First Name		Initial Maid	den	E	Employed By	Primary Phone
Biolo	ogical Mother _	Step-Mothe	rGran	dmother	Other, Spe	ecify			
Student li	ives with:I	Parents	Mother _	Fathe	erOthe	er, Specify	'		
Who has	legal custody? _	Parents	Mothe	er		_Grandpa	arents	Other, Specify	
ETHNIC /		•		,			•	American Indian	AsianO
					_				
Addition	ial Student Infoi	rmation (The a	inswer to the	se questi	ons will not af	fect stude	ent's enrolli	ment):	
Has your	r child ever beer	n in a Special	Education pro	ogram?	Yes	N	o If yes, s	tate the year of service	es
Does your	r child have a curre	ent IEP?	Yes	No					
Speech & unless using	Language is consing a 504 accomm	idered Special E odation plan.	ducation and sh	hould be ch	ecked yes. ADD	or ADHD i	s not conside	red Special Education ar	id shouldn't be che
		<u> </u>							
Preferred	e-mail address	(required): _							
Name(s) a	and grade(s) of	siblings who	are registere	ed to atter	nd BBS in 202	4-2025			
				going inf	to				
				going in	το				
SIGNATUE	RE OF PARENT	OR LEGAL GI	JARDIAN					Date	

\* \$200 preschool registration fee is due at enrollment time and is nonrefundable.

(Parent's signature acknowledges that all fees are 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> </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 (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.)

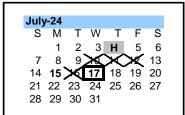
For information regarding current immunization requirements go to:

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

One of these 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:	Is child usually susceptible to infections and if so, what precautions need to be taken?  No Yes  If yes, list precautions:				
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:	
	!				

# 2024 - 2025

# **Bright Beginnings School**

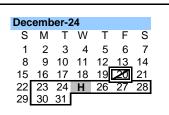


Aug	ust-	24				
S	М	Т	W	Т	F	S
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4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	Ε	29	30	31









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

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

	JULY
10-16	Teacher Workdays
15	Meet the Teacher All Grades (4:30 - 6:30 pm)
17	First day of school for students
	•
	AUGUST
1	Curriculum Night 5:00 - 7:00 pm (Grades K-6)
28	Early Release 1:30 p.m.

	SEPTEMBER
2	Labor Day - No School
11	Parent/Teacher Conferences Early Release - 1:30 p.m.
12	Parent/Teacher Conferences - 11:30 Release
20	1st Quarter Ends (47 days)
	OCTOBER

9/23-10/4	First Intersession
7	Teacher Workday
8	School Resumes
23	Early Release 1:30 p.m.
	NOVEMBER
11	Veterans Day - No School
27	No School
28-29	Thanksgiving Holiday - No School
	DECEMBER
20	Half Day Schedule 11:30 a.m. Release
20	2nd Quarter Ends (50 days)

**JANUARY** 

Parent/Teacher Conferences Early Release - 1:30 p.m.

Parent/Teacher Conferences - 11:30 Release

6 7 20 22	Teacher Workday School Resumes Civil Rights Day - No School Early Release 1:30 p.m.
	FEBRUARY
17	Presidents' Day - No School

26

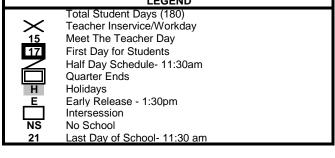
27

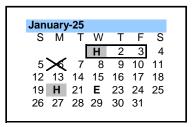
12-23 / 1-3 Second Intersession

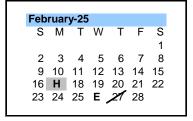
	MARCH
7	3rd Quarter Ends (42 days)
3/10-21	Third Intersession
24	Teacher Workday
25	School Resumes

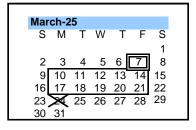
	APRIL
2	Early Release 1:30 p.m.
18	Spring Holiday - No School
23	Early Release 1:30 p.m.

	WAY
21	Last Day of School -
	Half Day Schedule 11:30 a.m.
21	4th Quarter Ends (41 days)
22-23	Teacher Workdays
	JUNE
	LEGEND









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





# Bright Beginnings School Class Schedule/Fees 2024-25

#### 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 *

<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 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.

Tollow Illininalli litte	niow 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 by12 mos of age)		Documented 3 or 4 doses  Note: If Hep B #3 was given before 24 weeks of age, a 4 <sup>th</sup> 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)		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 mus be given on the same day or a 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 or1 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.