

Excellence Today for Success Tomorrow

BRIGHT BEGINNINGS SCHOOL 2024-2025 K-6th REGISTRATION INFORMATION FOR RETURNING STUDENTS

All currently enrolled Bright Beginnings Charter School students entering Kindergarten through 6th grades will register Tuesday through Friday, January 16th-19th, 2024 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 Elementary School

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

Office	Use	Only
O I .		

Grade: _____
Entry Code: _____
Entry Date: ____
Computer entry date: _____

Office Use Only

Date position accepted:

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

STUDENT NAME	Ε						
STODENT NAME	Legal Last Na	me		First		Middle	Nickname
Gender B	Birth Date				Age	Home Telephone Number	
	Month	Day	Year				
Mailing Address	Numb	er & Street		Apt. or Sp	are #	City -	Zip
011.1.		ci d olicci		Apt. or op	αο ο π	Oity	Ζιμ
Grade applyin 2024-2025	All-Day – K Half-Day –	1st grade 4 6 by 8-31-24	2 nd grade 7 by 8-31-24	3 rd grade 8 by 8-31-24	4 th grade 9 by 8-31-24	5 th grade 6 th grade 10 by 8-31-24 11 by 8-31-24	
Parents/Guard	lian Names:						
Father:							
	Last Name		First Name	lr	nitial	Employed By	Primary Phone
Biological l	FatherStep-Father	Grandfa	ather	_Other, Specify	/		
Student lives with	n this parent/guardian?	Yes	_ No	Shared with	other parent/	guardian	
Mother:							
	Last Name	Fi			itial	Employed By	Primary Phone
Biological I	MotherStep-Mothe	rGrand	mother	Other, Spec	cify		
Student lives with	n this parent/guardian?	Yes	_ No	Shared with	other parent/	guardian guardian	
Who has legal	custody?Parents	Mother	Fa	ther	Grandparen	tsOther, Specify	
	IAL BACKGROUND: (A					panicAmerican Indian _	AsianOther
School Last A	ttended:						
Name of School Full Mailing Address Phone Number							
Grade level for 23-24 (Last Year) Successfully completed yes no							
Additional Stu	dent Information (The a	nswer to these	e questions	will not affe	ct student's	s enrollment):	
If yes, state the y		_				ource) services?Yes nmodation plan.	No.
Does this studen	t have a current IEP?	Yes	No				
Has this student	received a 504 accommoda	tion plan?	_Yes	No			
Has this student	received ELL/ESL services?	?Yes	N	0			
Has this student	been retained? Yes	No					
Primary e-mail ad	ddress (required):				Secondar	ry e-mail address:	
Name(s) and gra	de(s) of siblings who are pla	anning to attend E	3BS in 2024-2	2025			
		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)?		
YesNoDecline to answer		
Do you consider yourself homeless at this time? Yes No		
SIGNATURE OF PARENT OR LEGAL GUARDIAN		

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 Telephone Number:		
Name:		Contact Telephone Number:		
Name:		Contact Telephone 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 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 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:	
	!				



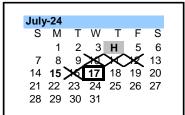
Arizona Department of Education Arizona Residency Documentation Form

Stude	School	
Schoo	ol District or Charter Holder	
	t/Legal Guardian	
in sup	e Parent/Legal Guardian of the Student, I attest* that I am a reside port of this attestation a copy of the following document that disp ysical description of the property where the student resides:	ent of the State of Arizona and submit plays my name and residential address
	Valid Arizona driver's license, Arizona identification card or Valid Arizona Address Confidentiality Program authorization 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 identificat Indian tribe in Arizona Documentation from a state, tribal or federal government agen Veteran's Administration, Arizona Department of Economic Statement on-base billeting facility (for military families) I am currently unable to provide any of the foregoing docume original affidavit signed and notarized by an Arizona resident residence in Arizona with the person signing the affidavit.	tion issued by a recognized ncy (Social Security Administration, Security)
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.

2024 - 2025

Bright Beginnings School

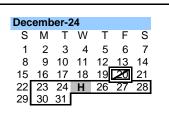


Aug	ust-	24				
S	М	Т	W	Т	F	S
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4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	Ε	29	30	31









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

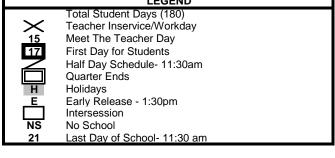
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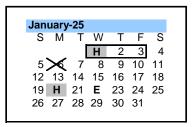
12-23 / 1-3 Second Intersession

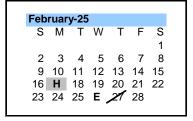
	MARCH
7	3rd Quarter Ends (42 days)
3/10-21	Third Intersession
24	Teacher Workday
25	School Resumes

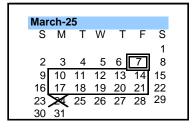
	APRIL
2	Early Release 1:30 p.m.
18	Spring Holiday - No School
23	Early Release 1:30 p.m.

	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 *

^{*}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.