

Excellence Today for Success Tomorrow

## BRIGHT BEGINNINGS SCHOOL 2024-2025 K-6<sup>th</sup> REGISTRATION INFORMATION FOR SIBLINGS OF CURRENTLY ENROLLED STUDENTS

All students entering Kindergarten through 6<sup>th</sup> grades with a sibling currently enrolled in Bright Beginnings Charter School will register Tuesday through Friday, January 16<sup>th</sup>-19<sup>th</sup>, 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 first-come, first-served basis.

All items listed below are required for enrollment purposes for all students registering to enter grades K-6<sup>th</sup> at Bright Beginnings Charter School for the first time:

- A copy of his/her official birth certificate or some other reliable documentation or proof of the student's age and identity including the student's baptismal certificate, an application for a social security number or original school registration records and an affidavit explaining the inability to provide a copy of the birth certificate (required within thirty days).
- 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.

Before any student will be allowed to attend Bright Beginnings Charter School, the following documents must be provided:

- Home Language Survey
- An updated copy of their students' immunization records (from the doctor) or submit documentation that the pupil is exempted from immunization pursuant to A.R.S. § 15-873

We recommend that parents submit their students' Home Language Survey and immunization records with their registration packets. 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.



Date position accepted:

Office Use Only

#### **Bright Beginnings Elementary School**

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

www.bbschl.com

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

Office Use Only
Grade:
Entry Code:
Entry Date:
Computer entry date:

OTUDENT MAN	ıe					
STUDENT NAM	l∟ Legal Last Nan	16		First	Middle	Nickname
Gender	Birth Date					
Condoi	Month	Day	Year		Tionio Tolophono Wanisol	
Mailing Address	<b>3</b>					
-	Numbe	er & Street		Apt. or Space #	City	Zip
Grade applyir	ng					
2024-2025	All-Day – K Half-Day – K 5 by 8-31-24 5 by 8-31-24	1st grade 6 by 8-31-24	2 <sup>nd</sup> grade 7 by 8-31-24	3 <sup>rd</sup> grade 4 <sup>th</sup> gra 8 by 8-31-24 9 by 8	ade 5 <sup>th</sup> grade 6 <sup>th</sup> grade 3-31-24 10 by 8-31-24 11 by 8-31-24	
Parents/Guar	dian Names:					
Father:						
	Last Name		First Name	Initial	Employed By	Primary Phone
Biological	FatherStep-Father	Grand	father	Other, Specify		
Student lives with	th this parent/guardian?	Yes	No	Shared with other	parent/guardian	
Mother <sup>.</sup>						
WOUTOT:	Last Name		First Name	Initial	Employed By	Primary Phone
Biological	MotherStep-Mother	Gran	dmother	Other, Specify		
Student lives wi	th this parent/guardian?	Yes	No	Shared with other	parent/guardian	
Who has legal	custody?Parents	Mothe	rFa	therGrand	dparentsOther, Specify	
ETUNIC / DA	CIAL DACKCDOUND: /A7	Ctata manda	.tod\\\\\\\\	nito Dlask	HispanicAmerican Indian	Asian Other
	y				nispanicAmerican indian .	AsianOther
School Last Attended:  Name of School  Full Mailing Address  Phone Number						
Grade level fo	or 23-24 (Last Year)		Succ	essfully complete	d yes no	_
Additional St	udent Information (The a	nswer to the	se allestions	will not affect stu	ident's enrollment\:	
	f services, has your child ever		-		, and the second se	No.
If yes, state the	year of servicess not considered Special Educ					
Does this stude	nt have a current IEP?	Yes	No			
Has this student	t received a 504 accommodati	on plan?	Yes	No		
Has this student	t received ELL/ESL services?	Yes	No	0		
Has this student	t been retained? Yes	No				
Primary e-mail a	address ( <b>required</b> ):			Se	econdary e-mail address:	
	ade(s) of siblings who are plai				,	

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 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 items must accompany the EIIR ca	rd at all times	S:	
Copy of current official documented imm	nunization reco	rd attached	
Religious Beliefs exemption form signed			
Medical Exemption form signed by phys	sician and paren	t/guardian attached	l
Signed Laboratory Proof of Immunity for			
Notification of immunizations needed sent to Parent(s) or Guardi			mo /day /yr
Updated immunizations received and atta	ched: mo/day/	yr mo/day/ yr	mo /day /yr
Medical Information  Is child allergic to food or other substances?  If yes, describe symptoms, name foods or substances to be avoided, and	I the procedure to f	ollow if reaction occur	No Yes
Is child usually susceptible to infections and if so, what pred If yes, list precautions:		_	No ☐ Yes
Is child subject to convulsions and what should be our procedif yes, specify procedure:	edure if one occ	urs?	No Yes
Is there any physical condition that we should be aware of be taken (heart trouble, foot problem, hearing impairment, hearing	-	autions should	No Yes
Additional comments:			
Other special instructions:			
This Emergency Information and Immunization Record Card is acc	curate and complete	e. front and back, and v	was provided by:
Parent/Guardian PRINTED Name: SIGNED Name:	•	DATE:	•



## **Arizona Department of Education**

Office of English Language Acquisition Services

## **Home Language Survey**

The responses to this Home Language Survey (HLS) are used by the school to provide the most appropriate instructional programs and services for the student. The answers below will determine if a student will take the Arizona English Language Learner Assessment (AZELLA). Please respond to each of the three questions as accurately as possible. If you need to correct any of your responses, this must be done <u>before</u> the student takes the AZELLA Placement Test.

2. What language does the stud	What language does the student speak <i>most</i> of the time?						
3. What language did the stude	nt first speak or understand?						
Student Name_	District Student ID						
Date of Birth	SSID						
Parent/Guardian Signature	Date						
District or Charter							
School							

Please provide a copy of the Home Language Survey to the EL Coordinator/Main Contact on site. In AzEDS, please enter all three HLS responses.

These HLS questions are in compliance with Arizona Administrative Code (R7-2-306(B)(1),(2)(a-c). (Revised 01-2020)



## **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 on-base billeting facility as the address for proof of residency.



lst Request: _	
2 <sup>nd</sup> Request:	
Rec'd:	

## **Bright Beginnings School (K-6)**

#### AUTHORIZATION FOR RELEASE OF SCHOOL RECORDS

**Previous School Information** 

Name of School				
Address				
City	State	Zip		
Telephone# Fax# or email address				
In order to assist in the provision of an appro Education Rights and Privacy Act of 1974 ar Beginnings School the following student reco	nd Arizona State Law, I herel			
Notice of student withdrawal Transcript of Grades Withdrawal Grades Special Education Notices & I.E.P.	Achievement Test Scores Attendance Records Psychological Records Speech			
Other				
Student Name	Birth Date		Grade (23-24 year)	
Parent/Guardian Signature		Date		

Please send all school records to:

Peggy French at pfrench@bbschl.com

Bright Beginnings School 400 N. Andersen Blvd. Chandler, Arizona 85224 Ph: 480-821-1404 / Fax: 480-821-1463

## 2024 - 2025

## **Bright Beginnings School**

II II V

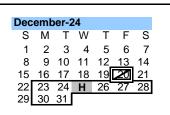


Aug	ust-	24				
S	М	Т	W	Т	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	Ε	29	30	31









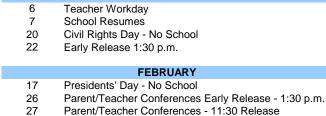
Bright Beginnings Elementary School 400 N. Andersen Blvd. Chandler, AZ 85224

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

	JULT
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.
	-

28	Early Release 1:30 p.m.
	SEPTEMBER
2 11 12 20	Labor Day - No School Parent/Teacher Conferences Early Release - 1:30 p.m. Parent/Teacher Conferences - 11:30 Release 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





No School

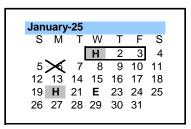
27

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

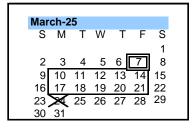
	71 IVIE
2	Early Release 1:30 p.m.
18	Spring Holiday - No School
23	Early Release 1:30 p.m.

	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

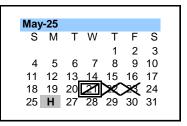
	LEGEND
	Total Student Days (180)
$\times$	Teacher Inservice/Workday
15	Meet The Teacher Day
17	First Day for Students
<b>Z</b>	Half Day Schedule- 11:30am
	Quarter Ends
Н	Holidays
<u>E</u>	Early Release - 1:30pm
	Intersession
NS	No School
21	Last Day of School- 11:30 am



Feb	ruar	y-25				
S	M	Т	W	Т	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	Н	18	19	20	21	22
23	24	25	E	21	28	



Apri	il-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 SCHOOL ENTRY GRADES K-12



Last revision: October 2018

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