

## BRIGHT BEGINNINGS SCHOOL 2014-2015 PRESCHOOL/PRE-KINDERGARTEN REGISTRATION INFORMATION

**Registration for students entering preschool** will begin January 13th. Students must be at least three-yearsold by September 1, 2014 to register for the preschool classes, and four-years-old by September 1, 2014 to register for the pre-kindergarten classes.

All students registering to enter preschool or pre-kindergarten at Bright Beginnings Charter 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 \$100 student activity fee per student
- first month's tuition

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. <u>Please note that the office</u> will be unable to make copies of documents during open registration time.

Classes will be filled on a first come first serve 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. For auditing purposes, a separate check or cash is required to be attached to each enrollment packet. ALL FEES ARE NONREFUNDABLE FOR ANY REASON.

By accepting admission to BBS, all students and their families agree to follow all of the rules in the BBS Family Handbook. Handbooks are available online.

If you have questions, please call Michelle Riley at (480) 821-1404.

Thank you.



### **Preschool at Bright Beginnings School**

It is our hope that the following information will be helpful as you consider our preschool and prekindergarten for your child.

**Preschool** is for three- and young four-year-old children. **Pre-kindergarten** is for four- and young fiveyear-old children. Classes are from 8:30 a.m. to 3:00 p.m. Preschool and pre-kindergarten classes follow the same calendar year as Bright Beginnings School (i.e. half-day schedules, teacher workdays, intercession breaks, and parent conferences).

Our **preschool** concentrates on developing and building large and small motor movements. Each activity done in class helps fulfill this area of focus. Other areas of focus are social and beginning academics. Our curriculum is developmental; early skills that are taught help children learn more complex skills. We use the same handwriting program that is presented in grades K-3. This enables children to have consistency as they learn to write. Our school day is highly structured. Approximately two thirds of our time is spent participating in planned activities; free choice (unstructured) time is limited. Not all children will be ready (at this age) for the structure of our program. Our preschool is placed in a school setting; this helps children adapt to school. We consider the program to be "pre – school, not playschool".

Our **pre-kindergarten** offers a complete developmental curriculum that allows the young students to develop social, emotional, physical, artistic, and academic skills. The curriculum is very structured – two thirds of the day is spent participating in planned activities in the areas of mathematics, pre-reading, writing, art and science. During this time, the students are expected to move through centers to accomplish teacher directed centers. The unstructured part of the day includes outdoor recess and free choice play where students are encouraged to make choices, interact with peers, and develop important social skills.

Not all children are developmentally ready for a structured program. Many parents wonder if their child is ready for a school program such as ours. Appropriate questions may be:

Has my child been away from me before? Does my child cope well with babysitters? If your child has never been in any other type of class setting the full-day class may be too long. All children are on a trial basis for the first 2 weeks. If after that time your child continues to experience separation anxiety or there are concerns with developmental maturity and your child is not ready for the type of program we offer, you may be asked to leave the program and rejoin at a later time. Your \$100 registration fee will not be refunded. Monthly tuition will be prorated and the remainder refunded if your child is not developmentally ready for this program.

**Does your child communicate his/her needs?** Preschool can be stressful for children who experience language barriers. Please consider playgroups until your child feels comfortable expressing his/her thoughts and needs.

**Is my child fully self sufficient in the bathroom?** Absolutely no pull-ups or diapers are permitted. Our most important desire is that your child will have a fabulous first "school" experience and we are prepared to provide exciting learning experiences instilling confidence, creativity and a desire to learn!



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:\_\_\_\_\_

#### 2014-2015 APPLICATION FOR STUDENT ENROLLMENT ALL QUESTIONS MUST BE ANSWERED

STUDENT NAME						
	Legal Last		First	t	Middle	"Nickname"
Gender Birth I	Date Month	Day	Year	Age	Home Telephone Nu	mber
		Day	rear			
Mailing Address	Number & Street			Apt. or Space #	City	Zip
Place a "1" next to possible some cl			ext to your se	cond choice. Classes	will be available based	on need; therefore, it is
	*Prekindergarten	program M, W	, F Full Day	*(age 4 by Septeml	ber 1, 2014)	
	*Prekindergarten	program M-F F	Full Day	*(age 4 by Septemb	per 1, 2014)	
	*Three-year-old	program Tu, Th	, Full Day	*(age 3 by Septemb	per 1, 2014)	
Parents/Guardian	Names:					
Father: Last Name		First Name	Initia	al Employed B	y Phone	Cell phone
Biological Fath	erStep-Fath	erGrandf	ather0	Other, Specify		
Mother:						
Last Name		First Name	Initial	Maiden	Employed By	Phone Cell phone
Biological Moth	erStep-Mot	herGrand	Imother	_Other, Specify		
Student lives with:	Parents	Mother	Father	Other, Specify		
Who has legal cust	ody?Parents	sMother	rFath	nerGrandparer	ntsOther, Specif	У
	BACKGROUND: (		,		spanicAmerican Inc	lianAsianOther
Has your child ever	been in a Special I	Education progra	am?Y	/esNo. If yes,	state the year of services	8
Does your child have Speech & Language i unless using a 504 ac	is considered Special	Education and sho	ould be checked	d yes. ADD or ADHD is no		tion and shouldn't be checked
Parent's e-mail ad	ddress ( <b>required</b> )	:				
	de(s) of siblings w		ed to attend l going into going into going into	BBS in 2014-2015 		
SIGNATURE OF P	ARENT OR LEGAL				Date	

\* \$100 preschool registration fee and first month's tuition are due at enrollment time. These 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

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 collect my child from the facility in case of emergency or if I cannot be contacted:

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

#### If Medical care is necessary, call:

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

Yes

### In case of injury or sudden illness, I request that this individual be called first:

Does your child have insurance coverage?

Name of Insurance Company:

The following individual(s) may NOT remove my child from the facility	y:
Name(s):	

Custody papers have been provided and are on file at the facility.  $\Box$  yes  $\Box$  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: <u>www.azdhs.gov/phs/immun/index.htm</u> or contact the Arizona Immunization Program Office at (602)364-3630.

# One of these items must accompany the EIIR card at all times:

Copy of current official documented immunization record attached
Religious Beliefs exemption form signed by parent/guardian attached
Medical Exemption form signed by physician and parent/guardian attached
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**

Is child allergic to food or other substances?				
If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:				
Is child usually susceptible to infections and if so, what precautions need to be taken?				
If yes, list precautions:				
Is child subject to convulsions and what should be our procedure if one occurs?				
If yes, specify procedure:				
Is there any physical condition that we should be aware of and what precautions should <b>No Yes</b>				
be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)?				
If yes, list precautions:				
Additional comments:				
Other special instructions:				
If yes, list precautions: Additional comments:				

# 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:

# 2014 - 2015 Bright Beginnings Schools

	JULY	[]
July-14         S       M       T       W       T       F       S         1       2       3       H       5         6       7       8       9       10       11       12         13       →       →       →       ↓       ↓       ↓       ↓         13       →       →       ↓ <td><ul> <li>14-16 Teacher Workdays</li> <li>18 Meet the Teacher Classes for 3 year olds 12:00-2:00 p.m. Classes for 4 year olds 9:00-11:00 a.m. K-6th 9:00-11:00 a.m.</li> <li>21 First day of school for students</li> </ul></td> <td>January-15         S       M       T       W       T       F       S         H       2       3         4       6       7       8       9       10         11       12       13       14       15       16       17         18       H       20       21       22       23       24         25       26       27       E       29       30       31</td>	<ul> <li>14-16 Teacher Workdays</li> <li>18 Meet the Teacher Classes for 3 year olds 12:00-2:00 p.m. Classes for 4 year olds 9:00-11:00 a.m. K-6th 9:00-11:00 a.m.</li> <li>21 First day of school for students</li> </ul>	January-15         S       M       T       W       T       F       S         H       2       3         4       6       7       8       9       10         11       12       13       14       15       16       17         18       H       20       21       22       23       24         25       26       27       E       29       30       31
	AUGUST	
August-14 S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	5 Back-To-School Night 6:00-7:00 p.m. Kindergarten 5 Back-To-School Night 7:00-8:00 p.m. Grades 1-6 27 Early Release 1:30 p.m. SEPTEMBER	February-15           S         M         T         W         T         F         S           1         2         3         4         5         6         7           8         9         10         11         12         13         14           15         H         17         18         19         20         21
17 18 19 20 21 22 23 24 25 26 <b>E</b> 28 29 30 31	1 Labor Day - No School 24 Early Release 1:30 p.m. 9-29 /10-10 First Intersession	22 23 24 E 26 27 28
September-14           S         M         T         W         T         F         S           H         2         3         4         5         6           7         8         9         10         11         12         13	OCTOBER 13 Teacher Workday 14 School Resumes 10/30-31 Parent / Teacher Conferences - Half Day Schedule 11:30 a.m. NOVEMBER	March-15 SMTWTFS 1 2 3 4 5 6 7 8 9 10 11 12 13 14
14 15 16 17 18 19 20 21 22 23 E 25 26 27 28 29 30	11       Veterans Day - No School         27-28       Thanksgiving - No School         DECEMBER         19       Half Day Schedule 11:30 a.m.	15 16 17 18 19 20 21 22 24 25 26 27 28 29 30 31
[]	12-22 / 1-2 Second Intersession	
October-14         S       M       T       W       T       F       S         1       2       3       4         5       6       7       8       9       10       11         12       44       15       16       17       18         19       20       21       22       23       24       25         26       27       28       29       30       31	JANUARY 5 Teacher Workday 6 School Resumes 19 Civil Rights Day - No School 28 Early Release 1:30 p.m. FEBRUARY 5-6 Parent / Teacher Conferences -	April-15           S         M         T         W         T         F         S           1         2         H         4           5         6         7         8         9         10         11           12         13         14         15         16         17         18           19         20         21         E         23         24         25           26         27         28         29         30         30
Nevember 14	Half Day Schedule 11:30 a.m. 16 Presidents' Day - No School 25 Early Release 1:30 p.m. MARCH	May-15
November-14           S         M         T         W         T         F         S           2         3         4         5         6         7         8           9         10         H         12         13         14         15           16         17         18         19         20         21         22           23         24         25         26         H         H         29           30         30         16         17         18         19         20         21         22	9-20 Third Intersession 23 Teacher Workday 24 School Resumes APRIL 3 Spring Holiday - No School 22 Early Release 1:30 p.m.	May-15         S       M       T       W       T       F       S         3       4       5       6       7       8       9         10       11       12       13       14       15       16         17       18       19       20       21       22       23         24       H       26       27       28       29       30         31       31
	MAY 22 Last Day of School -	·
December-14           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         14         20           21         22         23         24         H         26         27           28         29         30         31	22 Last Day of School - Half Day Schedule 11:30 a.m. JUNE LEGEND Total Student Days (180) Teacher Inservice/Workday 18 Meet The Teacher Day 21 First Day for Students Half Day Schedule- 11:30am	June-15         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 480-821-1404 480-821-1463 Eax	<ul> <li>H Holidays</li> <li>E Early Release - 1:30pm</li> <li>Intersession</li> <li>22 Last Day of School- 11:30 am</li> </ul>	

Last Day of School- 11:30 am

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480-821-1404 480-821-1463 Fax

# Bright Beginnings School Class Schedule/Fees 2014-15

<b>Preschool</b> Three –year-olds program	Tu, Th 8	:30 a.m. – 3:00 p.m.	(age 3 by September	1) \$425/month*		
<b>Pre-Kindergarten</b> Pre-Kindergarten program Pre-Kindergarten program		:30 a.m. – 3:00 p.m. :30 a.m. – 3:00 p.m.	(age 4 by September (age 4 by September	/		
Preschool Tuition due dates:July- due at time of enrollmentAugust 1September 1October 1November 1December 1January 1February 1March 1April 1						

\$100 Preschool / Pre-Kindergarten registration and first month's tuition are due at time of enrollment. These fees are **NONREFUNDABLE**.

<b>Elementary</b> Half-Day Kindergarten All- day Kindergarten (age by Sep. 1) Grade 1- 4		TBD 8:30 a.m. – 3:00 p.m. 8:30 a.m. – 3:00 p.m. 11:30 a.m. Half Day Release 1:30 p.m. Early Release		Fees no fee \$250/month* no fee no childcare regular fees apply
Kindergarten Tuition du	ie dates:			
July- due at time of enrollment	August 1	September 1	October 1	November 1
December 1	January 1	February 1	March 1	April 1
Other Fees Before School 7:00 a.m Pre-Kindergarten – Grade 1 Day/wk (must be the same day( Drop-in (paid at time of drop off)	4 (M – F)			\$125/month* \$30/month* \$15/hour
After School 3:00 p.m. – Pre-Kindergarten - Grade 1 Day /wk (must be the same day Drop-In / Late Pickup (paid	\$250/month* \$60/month* \$15/hour *			

# Before and After Care not provided for 3 year olds.

\*Payments not made in full by the 5<sup>th</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 are NONREFUNDABLE.

**Student Activity Fee** 

\$100/student (nonrefundable) Fee allows student to participate in Bright Beginnings sponsored extracurricular activities (i.e Art Gallery, Character Ed., Math Masters, Star Spellers, Drama, and use of specialized lab equipment, etc.)

# 2013-2014 Arizona School Immunization Requirements, Kdg-12<sup>th</sup> Grade

- Students must have proof of <u>all</u> required immunizations, or valid exemption, in order to attend school. Arizona law allows exemptions for medical reasons, lab evidence of immunity and personal beliefs. Exemption forms are available from schools and at <u>www.azdhs.gov/phs/immun/idr\_forms</u>. Homeless students are allowed a 5-day grace period.
- 2. The immunization record for each vaccine dose must include the date and name of doctor or clinic.
- 3. The statutes and rules governing school immunization requirements are: Arizona Revised Statutes 15-871 - 874; Arizona Administrative Code, R9-6-701 - 708.

Please check requirements for each child's age and grade level in the chart below.

Age <b>→</b>	Under age 7	7 - 10 years	11 years and older	11 years and older		
Grade→	Kindergarten and above	Kindergarten-5 <sup>th</sup> grades	6 <sup>th</sup> through 11 <sup>th</sup>	12 <sup>th</sup> grade		
Vaccine 🛡	und above	grades	grades only			
DTaP/DTP/DT	4-5* doses At least 1 dose at 4 years of age or older is required. *A 6th dose is required if 5 doses have been given before 4 years of age.	History of 4 DTaP or a total of 3 tetanus & diphtheria doses given after 12 months of age.	<u>1 Tdap dose</u> is required when <u>5 years</u> have passed since their last DTaP, DTP, DT or Td. Students starting or finishing the first 3 tetanus & diphtheria doses of their lifetime	Students who have not already received Tdap are required to receive <u>1 Tdap</u> dose when <u>10 years</u> have passed since their last DTaP, DTP, DT, or Td. Students starting or finishing the first 3 tetanus & diphtheria doses of their		
Тd	1.5.12 5.5		must receive only 1 Tdap as part of the	lifetime must receive only 1 Tdap as part of the		
Tdap		Not required for 11+ year olds in these grades.	3-dose series.	3-dose series.		
Meningococcal		Not required for 11+ year olds in these grades.	<mark>1 dose</mark>	1 dose recommended, but not required for 12 <sup>th</sup> graders in the 2013-2014 school year.		
Polio	<b>3-4 doses</b> 3 doses meet the requirement if the 3 <sup>rd</sup> dose was given at age 4 years or older. 4 doses meet the requirement even if all 4 doses were given in the first year of life.					
MMR	<b>2 doses</b> A 3 <sup>rd</sup> dose will be required if dose #1 was given before more than 4 days before the child's 1 <sup>st</sup> birthday.					
Hepatitis B	<b>3 doses</b> A 4 <sup>th</sup> dose will be required if the third dose was given before 24 weeks of age.					
Varicella	1 dose is required if the 1 <sup>st</sup> dose was given before 13 years of age. 2 doses are required if the 1 <sup>st</sup> dose was given at 13 years of age or later. Students attending school or preschool in Arizona prior to 9/1/2011 with parental recall of chicken pox disease are allowed to continue attendance with parental recall of disease. Students enrolling in an Arizona preschool or school for the first time after 9/1/11 are required to present proof of varicella immunization or a valid exemption for medical reasons, laboratory evidence of immunity or personal beliefs.					

Childcare and preschool immunization requirements are posted at <u>http://www.azdhs.gov/phs/immun/back2school.htm</u> Arizona Immunization Program Office • 150 North 18<sup>th</sup> Avenue, Suite 120 • Phoenix, AZ 85007 • (602) 364-3630 • Toll-free (866) 222-2329 (1/18/13)