



BRIGHT BEGINNINGS

Excellence Today for Success Tomorrow

BRIGHT BEGINNINGS SCHOOL 2018-2019 K-6th REGISTRATION INFORMATION FOR SIBLINGS OF CURRENTLY ENROLLED STUDENTS

All students entering Kindergarten through 6th grades with a sibling currently enrolled in Bright Beginnings Charter School will register Tuesday through Friday, January 16th-19th, 2018 from 9:00 a.m. to 3:00 p.m. ALL items requested MUST be turned in as a completed registration packet. Information and signatures for both parents must be completed where applicable. 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 registering to enter grades K-6th at Bright Beginnings Charter School for the first time MUST bring:

- a copy of his/her official birth certificate or some other reliable documentation or proof of the student's age and identity.
- a COPY of an acceptable form of proof of residency at the time of registration

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.

ALL items MUST be turned in with a completed registration packet in order to be entered into the lottery or considered for admission. Information and signatures for both parents must be completed where applicable.

Before any student will be allowed to attend Bright Beginnings Charter School, the parent must provide 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' immunization records with their registration packets. Please note that the office will be unable to make copies of documents during open registration time.

Bright Beginnings Family Handbook is available online and will be updated for the 2018-2019 school year in July.

Any parent who wants their child to participate in extracurricular activities, such as Math Masters, Star Spellers, Art, foreign language, technology, music, and Character Counts programs must submit a \$150 activity fee per student before the beginning of the school year. If submitting a check for any reason, a separate check is required to be attached to each enrollment packet for auditing purposes. **ALL FEES ARE NONREFUNDABLE FOR ANY REASON.**

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

Grade: _____
 Entry Code: _____
 Entry Date: _____
 Activity Fee: _____
 Consumable: _____
 Computer entry date: _____

Office Use Only

Date position accepted: _____

2018-2019 APPLICATION FOR STUDENT ENROLLMENT
ALL QUESTIONS MUST BE ANSWERED

STUDENT NAME _____
 Legal Last First Middle "Nickname"

Gender _____ Birth Date _____ Age _____ Home Telephone Number _____
 Month Day Year

Mailing Address _____
 Number & Street Apt. or Space # City Zip

Grade applying

2018-2019 All-Day – K Half-Day – K 1st grade 2nd grade 3rd grade 4th grade 5th grade 6th grade
 5 by 8-31-18 5 by 8-31-18 6 by 8-31-18 7 by 8-31-18 8 by 8-31-18 9 by 8-31-18 10 by 8-31-18 11 by 8-31-18

Parents/Guardian Names:

Father: _____
 Last Name First Name Initial Employed By Phone Cell phone
 _____ Biological Father _____ Step-Father _____ Grandfather _____ Other, Specify _____

Mother: _____
 Last Name First Name Initial Maiden Employed By Phone Cell phone
 _____ Biological Mother _____ Step-Mother _____ Grandmother _____ Other, Specify _____

Student lives with: _____ Parents _____ Mother _____ Father _____ Other, Specify _____

Who has legal custody? _____ Parents _____ Mother _____ Father _____ Grandparents _____ Other, Specify _____

ETHNIC / RACIAL BACKGROUND: (AZ State mandated) _____ White _____ Black _____ Hispanic _____ American Indian _____ Asian _____ Other
 If other, specify _____

School Last Attended: _____
 Name of School Full Mailing Address Telephone number

Grade level for 17-18 (Last Year) _____ Successfully completed **yes** _____ **no** _____

Additional Student Information:

Has your child ever been in a Special Education program? _____ Yes _____ No. If yes, state the year of services _____

Does your child have a current IEP? _____ Yes _____ No

Speech & Language is considered Special Education and should be checked yes. ADD or ADHD is not considered Special Education and shouldn't be checked unless using a 504 accommodation plan. The answer to this question **will not** affect student's chance for enrollment.

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? _____

Preferred e-mail address (**required**): _____

Name(s) and grade(s) of siblings who are planning to attend BBS in 2018-2019

_____ going into _____
 _____ going into _____
 _____ going into _____

If your student has been expelled or is in the process of being expelled from another education institution, enrollment is prohibited by Board Policy.

SIGNATURE OF PARENT OR LEGAL GUARDIAN _____ Date _____



CDC/SGH# or name: _____

**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: <input type="checkbox"/> male <input type="checkbox"/> 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 Provider*	Name:	Contact Telephone Number:
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*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.

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

Does your child have insurance coverage? No Yes Name of Insurance Company:

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 items must accompany the EIIR card at all times:

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	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

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

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:
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State of Arizona
Department of Education
Office of English Language Acquisition Services

**Primary Home Language Other Than English (PHLOTE)
Home Language Survey**
(Effective April 4, 2011)

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

Responses to these statements will be used to determine whether the student will be assessed for English Language Proficiency.

1. What is the primary language used in the home regardless of the language spoken by the student? _____
2. What is the language most often spoken by the student? _____
3. What is the language that the student first acquired? _____

Student Name _____ Student ID _____

Date of Birth _____ SAIS ID _____

Parent/Guardian Signature _____ Date _____

District or Charter _____

School _____

Please provide a copy of the Home Language Survey to the ELL Coordinator/Main Contact on site.

In SAIS, please indicate the student's home or primary language.

Parental Waiver Application

This form is used by parents to request an alternative to English Language Education, as specified in A.R.S. §15-753. Parents or legal guardians of an English learner must complete this application annually per A.R.S. §15-752.

District Name	School Name	SAIS ID#
Parent/Guardian Last Name		First Name
Child's Last Name	First Name	Middle Initial
Address		
City	State <b style="text-align: center;">AZ	Zip Code
Native Language of Student	School year for which the waiver is requested	Grade

- I have personally visited my child's school.
- I have been provided with a full description of the educational materials to be used in the different educational program choices and all the educational opportunities available to my child.
- I am applying for a waiver to remove my child from an English language or Sheltered English Immersion classroom placement.

Reason for waiver request (to be verified by school district): The student has met at least one (1) of the three (3) circumstances for which a parental exception waiver may be applied (A.R.S. §15-753). At least one of the following circumstances must be checked:

- Waiver 1** (A.R.S. §15-753B.1) **My child already knows English:** the child already possesses good English language skills, as measured by oral evaluation or standardized tests of English vocabulary comprehension, reading, and writing, in which the child scores approximately at or above the state average for his/her grade level or at or above the 5th grade average, whichever is lower; or,
- Waiver 2** (A.R.S. §15-753B.2) **My child is 10 years or older:** it is the informed belief of the school principal and educational staff that an alternate course of educational study would be better suited to the child's overall educational progress and rapid acquisition of basic English language skills as documented by the analysis of individual student needs; or,
- Waiver 3** (A.R.S. §15-753B.3) **My child has special individual needs:** the child already has been placed for a period of not less than thirty calendar days during this school year in an English language classroom and it is subsequently the informed belief of the school principal and educational staff that the child has such special and individual physical or psychological needs, above and beyond the student's lack of English proficiency, that an alternate course of educational study would be better suited to the student's overall educational development and rapid acquisition of English. A written description of no less than 250 words documenting these special individual needs for the specific child must be provided and permanently added to the child's official school records and the waiver application must contain the original authorizing signatures of both the school principal and the local superintendent of schools.

I understand that I must apply for this waiver on an annual basis. **I was fully informed of my right to refuse to agree to this waiver.**

Signature of Parent/ Legal Guardian

Date

Signature of School Principal

Date

Signature of Superintendent **(Required Only for Waiver #3)**

Date

- Application Granted
- Application Rejected

► LEA: The signed and completed form with test results or basis for determination shall be kept on file by the LEA.



**Arizona Department of Education
Arizona Residency Documentation Form**

Student _____ School _____

School District or Charter Holder _____

Parent/Legal Guardian _____

As the Parent/Legal Guardian of the Student, I attest* that I am a resident of the State of Arizona and submit in support of this attestation a copy of the following document that displays my name and residential address or physical description of the property where the student resides:

- ___ Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- ___ 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 or other identification issued by a recognized Indian tribe that contains an Arizona address,
- ___ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)

- ___ I am currently unable to provide any of the foregoing documents. Therefore, I have provided an original affidavit signed and notarized by an Arizona resident who attests that I have established residence in Arizona with the person signing the affidavit.

Signature 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.



Bright Beginnings School (K-6)

AUTHORIZATION FOR RELEASE OF SCHOOL RECORDS

Previous School Information

Name of School

Address

City

State

Zip

Telephone#

Fax#

In order to assist in the provision of an appropriate program for my child in accordance with the Family Education Rights and Privacy Act of 1974 and Arizona State Law, I hereby authorize the release to Bright Beginnings School the following student records:

Notice of student withdrawal	Achievement Test Scores
Transcript of Grades	Attendance Records
Withdrawal Grades	Psychological Records
Special Education Notices & I.E.P.	Speech

Other _____

Student Name

Birth Date

Grade
(17-18 year)

Parent/Guardian Signature

Date

Please send all school records to:

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

2018 - 2019 Bright Beginnings School

July-18

S	M	T	W	T	F	S
1	2	3	H	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	31				

August-18

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	E	23	24	25
26	27	28	29	30	31	

September-18

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	22
23	24	25	E	27	28	29
30						

October-18

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	31		

November-18

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	H	13	14	15	16	17
18	19	20	E	H	H	24
25	26	27	28	29	30	

December-18

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	H	26	27	28	29
30	31					

JULY

16-20	Teacher Workdays
20	Meet the Teacher (Time TBD)
23	First day of school for students

AUGUST

7	Back-To-School Night 5:00-6:30 p.m. Grades K-6
22	Early Release 1:30 p.m.

SEPTEMBER

3	Labor Day - No School
26	Early Release 1:30 p.m.
27-28	Parent / Teacher Conferences - Half Day Schedule 11:30 a.m.
28	1st Quarter Ends (49 days)

OCTOBER

1-12	First Intersession
15	Teacher Workday
16	School Resumes

NOVEMBER

12	Veterans Day - No School
21	Early Release 1:30 p.m.
22-23	Thanksgiving - No School

DECEMBER

21	Half Day Schedule 11:30 a.m.
21	2nd Quarter Ends (46 days)
12-24 / 1-4	Second Intersession

JANUARY

7	Teacher Workday
8	School Resumes
21	Civil Rights Day - No School
23	Early Release 1:30 p.m.

FEBRUARY

18	Presidents' Day - No School
27	Early Release 1:30 p.m.

MARCH

7-8	Parent / Teacher Conferences - Half Day Schedule 11:30 a.m.
8	3rd Quarter Ends (42 days)
11-22	Third Intersession
25	Teacher Workday
26	School Resumes

APRIL

19	Spring Holiday - No School
24	Early Release 1:30 p.m.

MAY

24	Last Day of School - Half Day Schedule 11:30 a.m.
24	4th Quarter Ends (43 days)

JUNE

January-19

S	M	T	W	T	F	S
			H	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	H	22	E	24	25
26	27	28	29	30	31	

February-19

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	H	19	20	21	22
23	24	25	26	E	28	

March-19

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	31					

April-19

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	H	22
23	24	25	26	27	E	29
30	31					

May-19

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	H	28	29	30	31

June-19

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	31					

LEGEND

	Total Student Days (180)
	Teacher Inservice/Workday
	Meet The Teacher Day
	First Day for Students
	Half Day Schedule- 11:30am
	Quarter Ends (Total 180 days)
	Holidays
	Early Release - 1:30pm
	Intersession
	Last Day of School- 11:30 am

Bright Beginnings Elementary School
400 N. Andersen Blvd.
Chandler, AZ 85224
O: 480-821-1404 F: 480-821-1463

Bright Beginnings School Class Schedule/Fees 2018-19

Pre-Kindergarten

Pre-Kindergarten program M,W,F	8:30 a.m. – 3:00 p.m.	(age 4 by August 31)	\$475/month*
Pre-Kindergarten program M - F	8:30 a.m. – 3:00 p.m.	(age 4 by August 31)	\$790/month* (\$995 w/aftercare)

\$150 Pre-Kindergarten registration fee and first month's tuition are due at time of enrollment.

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

Full-day kindergarten first month's tuition is due at time of enrollment.

Pre-K and Full-day Kindergarten Tuition due 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. – 8:00 a.m.

Pre-Kindergarten – Grade 6 (M – F)	\$125/month*
1 Day/wk (must be the same day(s) each week)	\$30/month*
Drop-in (paid at time of drop off)	\$15/hour

After School 3:00 p.m. – 6:00 p.m.

Pre-Kindergarten - Grade 6 (Monday – Friday)	\$250/month*
1 Day /wk (must be the same day(s) each week)	\$60/month*
Drop-In / Late Pickup (paid at the time of pickup)	\$15/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.

Student Activity Fee	\$150/student	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.)
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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.



Arizona School Immunization Requirements: Kindergarten - 12th Grade

- Students must have proof of all required immunizations, or a 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 <http://www.azdhs.gov/phs/immun/back2school.htm>.
- Homeless students are allowed a 5-day grace period to submit proof of immunization records.
- The immunization record for each vaccine dose must include the complete date and the doctor or clinic name.
- The statutes and rules governing school immunization requirements are:
 - Arizona Revised Statutes §15-871-874; and Arizona Administrative Code, R9-6-701-708

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

Age➔	Under age 7	7 – 10 years	11 years and older
Grade➔			
Vaccine ↓	Kindergarten/1 st /2 nd	2 nd through 5 th grade	6 th through 12 th grade
DTaP <small>(Proof of DTP or DT counts toward DTaP requirement)</small>	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.	3 DTaP and/or Td doses are required if all doses were given <u>after</u> 12 months of age. Or 4 DTaP and/or Td doses are required if any of the doses were received <u>before</u> 12 months of age.	<u>1 Tdap dose is required for students 11 years and older.</u> Students who completed the primary series of tetanus/diphtheria doses must receive a Tdap when 5 years have passed since the student's last tetanus/diphtheria dose. Students who did not complete the primary series of tetanus/diphtheria doses before age 11 are required to receive a total of 3 doses, including 1 Tdap and 2 Td doses. Tdap doses given prior to age 11 meet the requirement. A Td booster is required 10 years after the Tdap dose.
Td		Tdap may be counted to meet the requirements above. Tdap is <u>not required</u> for 11 year olds until they enter 6 th grade.	
Tdap			
Meningococcal		<u>Not required</u> but may be counted as valid when given at this age.	1 dose is required.
Polio	3-4 doses 4 doses meet the requirement. 3 doses meet requirements if dose #3 was given at 4+ years of age. (Not required for students 18+ years of age.)		
MMR	2 doses A 3 rd dose will be required if dose #1 was given before more than 4 days before the 1 st birthday.		
Hepatitis B	3 doses A 4 th dose will be required if the third dose was given before 24 weeks of age.		
Varicella	1 dose is required if the 1 st dose was given before 13 years of age. 2 doses are required if the 1 st 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 chickenpox disease are allowed to continue attendance with parental recall of disease. Students enrolling for the first time after 09/01/2011 are required to present proof of varicella immunization or a valid exemption for medical reasons, laboratory evidence of immunity or personal beliefs. Parental recall of disease will not be accepted.		

Note: ADHS observes a 4-day grace period for vaccine ages and intervals, except for the space between two live vaccines such as Varicella and MMR, which must be given at least 28 days apart if they are not administered on the same day.



BRIGHT BEGINNINGS

Excellence Today for Success Tomorrow

Student Name: _____

Grade: _____

Tuition: \$ _____

Before Care \$ _____

After Care \$ _____

This letter will serve as authorization for **Bright Beginnings School** to debit my/our bank account listed below on the **1st** day of each month in the amount of \$_____. The amount provided will remain in effect until further notice and any changes in pricing for the student tuition will be provided 30 days prior to affecting the original amount approved. This authorization will remain in effect unless otherwise cancelled in writing 15 days before the due date of the next payment. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

(Financial Institution Name)

(Routing/Transit Number) _____
(Account Number) Type of Account: ___Checking ___Savings

(Signature)

(Signature)

(Print individual name)

(Print individual name)

(Date)

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM