



BRIGHT BEGINNINGS SCHOOL
2019-2020 K-6th REGISTRATION INFORMATION
FOR FAMILIES NEW TO BBS

Registration for students entering Kindergarten through 6th grades who do not have a sibling currently enrolled in Bright Beginnings Charter School will be open to the community Tuesday through Friday, January 22nd through 25th, 2019 from 9:00 a.m. – 3:00 p.m. If there are more student applications on this day than openings, a lottery will take place. The lottery will also determine waiting list order for any unselected applications. All subsequent applications received will be processed on a first-come, first-served basis. All items mentioned below must be turned in with a completed registration packet in order to be entered into the lottery or considered for admission.

- 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
- \$150 Activity Fee*

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 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.

Admission may be limited by BBS based on age group or grade level, but will not be limited based on ethnicity, national origin, gender, income level, disabling condition, or proficiency in English. BBS will give enrollment preference to and reserve capacity for returning students, siblings of students currently enrolled in BBS, and the children of staff and Board members.

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.

*Any parent who wants their child to participate in extracurricular activities, such as music, Art, foreign language, Math Masters, Star Spellers, technology, and Character Counts programs must submit a \$150 activity fee per student before the beginning of the school year. Bright Beginnings Charter School will accept activity fees during registration. 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: _____

2019-2020 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

2019-2020 All-Day – K Half-Day – K 1st grade 2nd grade 3rd grade 4th grade 5th grade 6th grade
 5 by 8-31-19 5 by 8-31-19 6 by 8-31-19 7 by 8-31-19 8 by 8-31-19 9 by 8-31-19 10 by 8-31-19 11 by 8-31-19

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 18-19 (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 Has your student received ELL/ESL services? _____ 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 2019-2020

_____ 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="font-size: 1.2em;">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
- Valid Arizona Address Confidentiality Program authorization card
- 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 identification issued by a recognized Indian tribe in Arizona
- Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)
- Temporary on-base billeting facility (for military families)

- 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. Armed service members may utilize a temporary on-base billeting facility as the address for proof of residency.



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
(18-19 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**

2019 - 2020 Bright Beginnings School

July-19

S	M	T	W	T	F	S
	1	2	3	H	5	6
7	8	9	10	11	12	13
14	X	X	X	X	18	X
21	22	23	24	25	26	27
28	29	30	31			

August-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	E	29	30	31

September-19

S	M	T	W	T	F	S
1	H	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	E	26	27	28
29	30					

October-19

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	X	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

November-19

S	M	T	W	T	F	S
				1	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	E	H	H	30

December-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	H	26	27	28
29	30	31				

JULY

- 15-19 Teacher Workdays
- 18 Meet the Teacher All Grades (4:30 - 6:30 pm)
- 22 First day of school for students

AUGUST

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

SEPTEMBER

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

OCTOBER

- 9/30-10/11 First Intersession
- 14 Teacher Workday
- 15 School Resumes

NOVEMBER

- 11 Veterans Day - No School
- 27 Early Release 1:30 p.m.
- 28-29 Thanksgiving Holidays - No School

DECEMBER

- 20 Half Day Schedule 11:30 a.m.
- 20 2nd Quarter Ends (46 days)
- 12-23 / 1-3 Second Intersession

JANUARY

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

FEBRUARY

- 17 Presidents' Day - No School
- 26 Early Release 1:30 p.m.

MARCH

- 5-6 Parent / Teacher Conferences - Half Day Schedule 11:30 a.m.
- 6 3rd Quarter Ends (42 days)
- 9-20 Third Intersession
- 23 Teacher Workday
- 24 School Resumes

APRIL











- 10 Spring Holiday - No School
- 22 Early Release 1:30 p.m.

MAY

- 22 Last Day of School - Half Day Schedule 11:30 a.m.
- 22 4th Quarter Ends (43 days)

JUNE

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

January-20

S	M	T	W	T	F	S
				H	2	3
5	X	7	8	9	10	11
12	13	14	15	16	17	18
19	H	21	E	23	24	25
26	27	28	29	30	31	

February-20

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	H	18	19	20	21	22
23	24	25	E	27	28	29
LEAP YEAR						

March-20

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	X	24	25	26	27	28
29	30	31				

April-20

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	H	11
12	13	14	15	16	17	18
19	20	21	E	23	24	25
26	27	28	29	30		

May-20

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	X	28	29	30
31						

June-20

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

Bright Beginnings School Class Schedule/Fees 2019-20

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)

Preschool

Three –year-olds program Tu, Th	8:30 a.m. – 3:00 p.m.	(age 3 by July 22)	\$350/month*
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\$150 Pre-Kindergarten/Preschool registration fee due at time of enrollment. 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

Pre-K/Preschool 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.

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.

GUIDE TO ARIZONA IMMUNIZATIONS REQUIRED FOR SCHOOL ENTRY GRADES K-12



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 st 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 rd dose will be required if dose #1 was given more than 4 days before 1 st 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 st 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 st 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.



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