

2025-2026 School Year



Chapel Hill
Academy
*Discovering the
Possibilities...*

31 Chapel Hill Road
Lincoln Park, New Jersey
07035

Telephone: (973) 686-0004
Fax: (973) 686-0711

Michael Somers III
Director
Patrick Somers
Director

Business Office
170 Changebridge Road C5-
3
Montville, New Jersey
07045

Telephone: (973) 784-4787
Fax: (973) 784-4788

Accredited by the
Middle States Association of
Colleges and Schools

Dear Parent/Guardian: **(Please read carefully!)**

We would like to take this opportunity to welcome you and your child to Chapel Hill Academy for the 2024-2025 school year. We are confident our program can provide your child with the emotional, social, educational and behavioral skills needed to succeed.

Enclosed you'll find our school calendar; please make note of the days school will be closed, early dismissals, and most importantly the monthly **Parent Meetings**. Please keep in mind that the monthly parent meetings are strongly encouraged. Your participation at the monthly meetings is needed in order to demonstrate our cooperative effort for your child's success in school.

Please note: **school hours** are **8:00am - 2:30pm**. Early dismissal is at 12:30pm. **Please call your Child Study Team Case Manager to confirm busing arrangements. Chapel Hill Academy does not arrange transportation and we are not informed of the arrangements until your child starts school on the first day.**

Also enclosed is information from our nurse's office on administering medication. Please pay close attention to this information if your child will have medication administered during the school day. **All the attached forms must be returned.** Any medications to be administered in school and emergency medications (if you forget to give at home) should be sent in to school on the first day.

We need to keep our records current and up to date, therefore, please return to us the enclosed **Student Information Form**. It is very important for us to have current information; not only for an emergency situation, but to ensure good parent/school communication. Please return the forms with **all** information completed. We are again using the **Apprise Alert Parent Notification System** for emergency closings, early dismissals, etc. (see attached forms).

Please note: Children will not be permitted to attend school if emergency contact names and telephone numbers are not provided and accurate!

The health and safety of our children is a priority. If your child will be absent from school on a particular day, please call the office in the morning. **Attendance is taken at breakfast and it is imperative to know why a child is not present.** If we do not receive a phone call or note, the office staff will call to alert you that your child is absent. If we cannot contact you or do not receive a call, your child will receive an unexcused absence for the day. Absences will affect your child's grade on his/her report card.

Sincerely,
Michael Somers III, Director

Patrick Somers, Director

/ms
Enclosures

ABSENCES, EMERGENCY CLOSINGS and EARLY DISMISSALS



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Dear Parent/Guardian:

When your child is absent from school, it is important for you to call the transportation company as early as possible. **If you do not have the transportation company's telephone number, please call the main office and we will gladly furnish you with it. You must notify Chapel Hill Academy of the absence;** if no one is available to take your call, leave a message on the answering system. **Office hours are 7:00am – 4:00pm.** Telephone number: 973-686-0004.

In the event of emergency **AM** closings the following procedures will be followed:

1. School closings and/or delayed openings will also be posted on Channel 12 News, Channel 12 News website: www.news12.com/nj
2. Every student's parent or guardian will be notified by our Apprise Alert System. It is very important to provide us with phone numbers that are accurate and up to date.
3. As an alternative, you can call Chapel Hill Academy's telephone answering system at 973-686-0004. **The status of delayed openings and/or closings should be updated around 6:00am.**

When a delayed opening is called, you will be notified by our Apprise Alert System. School will open at 9:30am for a delayed start. If it becomes necessary to change a delayed opening to a school closing, you will receive a follow-up Apprise Alert.

Please call your district to verify their transportation policy regarding district closing or delayed openings. If you have any concerns with your transportation company, please call your district to remedy the situation.

When an **early dismissal** from school occurs, Apprise Alert will notify parents/guardians and transportation companies of the early dismissal. **Early dismissals will be decided as weather conditions are evaluated.** Students will be provided with breakfast, but no lunch is served on early dismissal days.

It is **imperative** that each parent/guardian be notified of an early dismissal. **Home, cell, work and emergency telephone numbers must be current.** Please notify the office of any telephone number changes. When weather is inclement through out the day, do not hesitate to call the office for closing updates. The health and safety of our students comes first!

STUDENT INFORMATION - 2025-2026 School Year

This Form Must be Completed (Both Sides) and Returned to CHA Every School Year

Today's Date: _____

Student's Name: _____ Age _____ Date of Birth: _____

Address: _____
_____ Home Phone # _____

Student Living With _____
Name of parent(s)/guardian(s) Relationship to Child

Racial-Ethnic Group as determined by Parent/Guardian: _____

Parent's Name: _____ Parent's Name: _____

Address: _____ Address: _____

Workplace: _____ Workplace: _____

Home telephone # _____ Home telephone # _____

Work telephone # _____ Work telephone # _____

Cell Phone # _____ Cell Phone # _____

Parent's e-mail address: _____ Parent's e-mail address: _____

Emergency Contact: In calling priority (Other than parent/guardian)

1st Name _____ Home # _____ Relationship _____

Cell # _____

2nd Name _____ Home # _____ Relationship _____

Cell# _____

3rd Name _____ Home # _____ Relationship _____

Cell# _____

Medical Information:

Doctor _____ Telephone # _____

Address _____

Therapist/Outside Counselor _____ Telephone # _____

Address _____

Medical Problems/Condition _____

Allergies _____

Medication(s) _____

(Please include any medications taken at school or at home)

Parent/Guardian Consent

I grant permission for my child to attend any supervised, planned activity that requires leaving the school premises during the school year.

Signature of Parent/Guardian

Date

(Please complete reverse side)

CHAPEL HILL ACADEMY
STUDENT INFORMATION – Part Two

In the event it is required, I grant permission to Chapel Hill Academy to take my child to **Chilton Memorial Hospital, Pompton Plains, NJ**, (the closest facility) or **Changebridge Medical** (school doctor) in order that he/she may be provided with emergency medical attention.

Signature of Parent/Guardian

Date

Insurance Information: Ins. Company Name: _____ ID #: _____

I will participate actively in the education of my child while he/she is enrolled at Chapel Hill Academy. I will make every effort to make monthly parent meetings, communicate with staff, and work together with the school in providing successful and positive experiences for my child.

Signature of Parent/Guardian

Date

_____ I want my child to participate in the Chapel Hill Academy meal program.

_____ My child will participate in the meal plan on a limited basis. I understand that I will be billed for meals my child consumes according to the Chapel Hill meal program.

Signature of Parent/Guardian

Date

Chapel Hill students/parents are not permitted to use any type of photography or recording equipment while at school. Students/parents will not be permitted to remove from school any image, likeness or recording of another student in any form, printed, digital or otherwise. Students/parents are not permitted to post any school or Chapel Hill Academy related images to the internet. These postings include but are not limited to personal Facebook and any other type of social media. Any photos taken at Chapel Hill Academy are the property of Chapel Hill Academy and can only be used for Chapel Hill Academy business and instructional purposes.

I have read, understand and agree to the above policy regarding usage of photos and recordings.

Parent/Guardian: _____ Date: _____

I give permission to use my email address as a means of mass communication from Chapel Hill Academy.

Parent/Guardian: _____ Date: _____



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July 2025 ESY and 2025-2026 School Year

Dear Parents/Guardians:

Chapel Hill Academy offers breakfast and lunch to all students.

During the Extended School Year Program (July 1th – August 13th) and the 2024-2025 school year, the cost for breakfast is \$1.50 and lunch is \$2.85.

Free and reduced meals are available for those who qualify. **If you wish to be considered for free or reduced breakfast and lunch, please fill out the Household Information Survey included in this package.**

Students are not required to bring money into school. On the 15th and last day of each month, an invoice will be mailed home. Payment for the invoice should then be submitted to the Chapel Hill Academy Business Office. Students are not required to participate in the lunch program. If your child chooses to eat breakfast or lunch an invoice will be sent home for the meals consumed.

If you have any questions regarding the billing system or the free and reduced meal program, please contact the Business Office at 973-784-4787.

Thank you for your prompt attention!

Yours in Education,
Michael Somers III
Director

New Jersey Department of Education

Household Information Survey 2025–2026



County: _____ District: _____ School: _____

Please complete, sign, and return this form to your child's school.

Part A. Household Members

Fill in the information for every person living in your household (adults & children). For help determining who should be included in the household, see instructions on the second page.

List all who live in the household: Names (<i>Last Name, First Name</i>)	Date of Birth XX-XX-XXXX	Name of School the Student Attends (if applicable)	Grade Level	Student Information (mark as applicable)			
				Migrant	Homeless	Foster	In Head Start
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							

* If household size is greater than 8, list additional household members on a separate paper, and follow special instructions in Part C.

Part B. Benefits Received (if applicable)

- If anyone in the household receives FDPIR, TANF, or SNAP, check the appropriate box(es): FDPIR TANF SNAP
- If you checked a box, write the full name (Last, First) and 10-digit case number of any one person receiving the benefit and skip to Part D.
Name: _____ Case #: _____

Part C. Household Size and Gross Income (before deductions).

- For help determining your annual income, see page 2 of the survey.
- Households with 8 or fewer people: Check a box below for the Annual Income Range that reflects your total annual household income.
 - If Household Size is greater than 8, DO NOT check an income range, but follow the special instructions below boxes 1 through 17.

Annual Household Income Ranges*

1. <input type="checkbox"/> \$0 - \$18,954	5. <input type="checkbox"/> \$32,319 - \$36,482	9. <input type="checkbox"/> \$45,992 - \$52,364	13. <input type="checkbox"/> \$65,010 - \$65,728
2. <input type="checkbox"/> \$18,955 - \$25,636	6. <input type="checkbox"/> \$36,483 - \$39,000	10. <input type="checkbox"/> \$52,365 - \$55,500	14. <input type="checkbox"/> \$65,729 - \$74,518
3. <input type="checkbox"/> \$25,637 - \$26,973	7. <input type="checkbox"/> \$39,001 - \$45,682	11. <input type="checkbox"/> \$55,501 - \$59,046	15. <input type="checkbox"/> \$74,519 - \$84,027
4. <input type="checkbox"/> \$26,974 - \$32,318	8. <input type="checkbox"/> \$45,683 - \$45,991	12. <input type="checkbox"/> \$59,047 - \$65,009	16. <input type="checkbox"/> \$84,028 - \$93,536
			17. <input type="checkbox"/> \$93,537+

* **Special Instructions for households with more than 8 people:** DO NOT check the boxes above. Instead, fill in items below:

Household size (# people): _____ Total annual Income: \$ _____

Part D: Certification - The head of household or adult designee who completed this form must complete this certification section. I certify (promise) that all information on this form is true and that all income is reported to the best of my knowledge. I understand that this form may impact the amount of State or Federal funding allocated to my local school district. I understand that the information I have provided may be verified.

Sign Here: X _____ Print Name: _____ Date: _____

Last Four (4) Digits of Social Security Number (Optional): XXX-XX-__-__-__-__ (may be used to verify the accuracy of the information provided)

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Email (optional): _____

Do **NOT** fill out this section. This is for school use only.

Status: F R: N:

Reason for ineligibility: _____

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

New Jersey Department of Education

Household Information Survey

This survey is used to determine eligibility for state benefits for which your child(ren)'s school may qualify. Please complete, sign, and return this form to your child's school.

Part A: Who should I include in "Household"?

You must include yourself and all people living in your household, related or not (for example, children, grandparents, other relatives, or friends) who share income and expenses. If you live with other people who are economically independent (they do not share income with you/your children and they pay a share of the expenses), do not include them.

Part B: What are benefits received?

- **TANF:** NJ's Temporary Assistance for Needy Families (WorkFirst NJ)
- **SNAP:** Supplemental Nutrition Assistance Program (formerly food stamps)
- **FDPIR:** Food Distribution Program on Indian Reservations

Part C: What is included in "Annual Household Income"?

Annual Household Income includes the following:

- **Gross earnings from work:** Use your gross income, not your take-home pay. Gross income is the amount earned before taxes and other deductions. This information can be found on your pay stub or, if you are unsure, your supervisor can provide this information. Net income should only be reported for self-owned business, farm, or rental income.
- **Welfare, Child Support, Alimony:** Include the total amount everyone in your household receives from these sources. Do *not* include SNAP or FDPIR payments.
- **Pensions, Retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits:** Include the amount everyone in your household receives from these sources.
- **All Other Income:** Include for everyone in the household: worker's compensation, unemployment or strike benefits, rental income, interest and dividends, regular contributions received from others who do not live in your household, and any other income received. Do *not* include income from WIC, federal education benefits and foster payments received by your household.
- **Military Housing Allowances and Combat Pay:** Include off-base housing allowances, and food or clothing allowances. Do *not* include Military Privatized Housing Initiative or combat pay.
- **Overtime Pay:** Include overtime pay *ONLY* if it is received on a regular basis.

How do I calculate total household income received from multiple sources and/or on a weekly, every two weeks, twice a month, or monthly basis?

- 1) Annualize pay for each source of income based on the above definitions for every household member.
 - a. Use the table below to convert your pay to an Annual Income amount.

Frequency of payment	Annual Income Conversion Amount
Weekly	= 52 × weekly gross (not take-home) income
Bi-Weekly (every two weeks)	= 26 × bi-weekly gross (not take-home income)
Twice per Month	= 24 × gross (not take-home) amount received twice per month
Monthly	= 12 × monthly gross (not take-home) income

- 2) Add together the annualized pay from every person in the household for the total annual household income for Part C.
- 3) If your household has 8 or fewer people, check the box that shows the range for your total income. If your household has more than 8 people, do not check a box; instead, write household size and total annual household income in the space provided.

If your income fluctuates, include the wages/salary that you regularly receive. For example, if you normally make \$1,000 each month, but you missed some work last month and made \$900, use \$1,000/month as the basis for your annual income. If you have lost your job or had your hours or wages reduced, enter zero or your current reduced income.

Additional information about this survey is available at: <http://www.nj.gov/education/finance/cep/>.

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Dear Parents/Guardians:

Chapel Hill Academy periodically updates our school brochure, website, social media pages and professional seminars. We would like to use pictures that will be taken of students engaged in various activities throughout the school. We are proud of our students' school participation and what they accomplish during the school year. Names of students will not appear in any of the above brochures, seminars, or social media.

These brochures are given to various District Child Study Team Members, parents and individuals inquiring about our program. The above mentioned seminars are an educational presentation to other professionals in school related fields. The form below is a request for permission to use the photographs that your child **may possibly** be in.

We are also seeking permission to use the photographs on Chapel Hill Academy's website and social media platforms.

Please fill out the form and return to us as soon as possible. I appreciate your prompt attention and continued support.

Yours in Education,
Michael Somers III, Director

/lh

Date: _____

Re: _____ **(Student's Full Name)**
(please print)

_____ **Yes**, I give my permission to use photographs that include my child for use in Chapel Hill Academy's brochure, professional seminars slide-shows, website and social media platforms. I understand that these brochures will be given to the above mentioned people and associations, **and they may be used on Chapel Hill Academy's website.** Names of students will not appear in any of the above brochures, seminars, or social media.

_____ **No**, I do not give permission.

Signed: _____
Parent/Guardian



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CHAPEL HILL ACADEMY COUNSELING INTERNSHIP CONSENT 2025-2026 School Year

Chapel Hill Academy is a training site for graduate students seeking an advanced degree in counseling or social work. All interns are supervised by a certified supervisor who is a member of the Chapel Hill Academy staff. All counselors-in-training will inform your child of the name of their supervisor, who can be contacted through our main office.

Student name: _____

CONFIDENTIALITY

All members of the counseling staff adhere to strict confidentiality standards in accordance with New Jersey law. The counseling staff will maintain confidentiality regarding the information your child releases in the session and your child's counseling records. In an effort to provide your child with the best service, the counselor may share information with other counseling staff for consultation or supervision purposes.

Please sign below and return it to Chapel Hill Academy indicating your agreement to the following:

I am the Parent/ legal guardian of: _____
(Please write the name of your child)

_____ **YES**, I have read and fully understand the information contained in this form. I hereby give my permission to professional staff, **including the graduate intern of Chapel Hill Academy**, to participate in the counseling of my child.

Name of Parent/legal guardian: _____
(Please print your name)

Signature of Parent/legal guardian: _____

Signature of Student: _____

Date: _____

_____ **NO**, I do not give permission for my child to meet with the Chapel Hill Academy graduate interns.

CHAPEL HILL ACADEMY
2025-2026 School Year

Dear Parents/Guardians,

I am providing you with a few guidelines for the new school year.

If your child needs to receive medication during school hours, it is necessary to have a signed written physician's permission form or prescription (Rx) on file along with a parent/guardian's written consent. **This also applies to over the counter medications such as Tylenol (acetaminophen), Advil (Ibuprofen), Tums, Benadryl etc. These will only be given to your child at school with a permission form signed by a Parent/Guardian.** This is necessary to be completed YEARLY. We are requesting that every parent/guardian fill out the form as soon as possible and mail it back in the enclosed stamped envelope.

If there are any changes in your child's medication during the school year, please provide me with a new written doctor's prescription (Rx) stating the change, and a new written consent from you, the parent/guardian.

It is also important for the Nurse and your child's Counselor to know what medication your child is taking at home. If you would like, you can send emergency medication(s) to school in case you forget to give your child his/her medication at home. The medication needs to be in a labeled pharmacy container.

MEDICATION REQUIREMENTS:

- 1. Medication is to be sent to school in a labeled Rx bottle with the current medication and dosage; I will provide ONLY the listed "Over the Counter" meds listed on the permission form.**
- 2. Send in the enclosed Medication Administration Permission Form provided by the school, signed by the doctor and you, the parent/guardian.**

IMMUNIZATIONS:

ALL students entering Grade 6 are required to have a Tetanus Booster (Tdap) and a Meningitis vaccine. This is strictly enforced by the Health Department and no 6th grade student can be permitted in school without these two vaccines. You will need to provide written documentation that the vaccines have been given **PRIOR** to the start of the school year.

Also enclosed is a *Child Medical History Information Form*. We ask that you complete this form **every year** and mail it back to us with the other forms. Accurate updated medical records enable us to understand your child's health and wellness needs.

Please look at the Nurse's Page on the Chapel Hill website for additional information regarding Sports Physical requirements and forms.

If you have any questions, please do not hesitate to call me at: (973-686-0004).
Thank you for your cooperation.

Sincerely,
Lisa Bell, RN, BA, NCSN
Chapel Hill Academy School Nurse

CHAPEL HILL ACADEMY

HEALTH OFFICE

31 Chapel Hill Road
Lincoln Park, NJ 07035
973-686-0004 x1170

**AUTHORIZATION TO ADMINISTER
PRESCRIPTION MEDICATION IN SCHOOL
2025 - 2026 SCHOOL YEAR**

Permission is given for the School Nurse to give the following prescription medication to my child during school hours. Medications will be provided in a Prescription labeled container.

Student Name: _____

Address: _____

City/State/Zip Code: _____

Phone # _____

Grade: _____ Date of Birth: _____

Name of Medication: _____

Dosage/Route: _____ Administration Time: _____

Purpose/Diagnosis: _____

Special Instructions: _____

Physician Signature

Parent/Guardian Signature

Office Address

Date

Office Telephone Number

Date (Office Stamp Please)

CHAPEL HILL ACADEMY
HEALTH OFFICE
31 Chapel Hill Road
Lincoln Park, NJ 07035
973-686-0004 x1170

AUTHORIZATION FOR NON-PRESCRIPTION MEDICATION
2025 – 2026 SCHOOL YEAR

Permission is given for the School Nurse to give the following non-prescription medications to my child during school hours. These medications are in stock in the Nurse's Office and approved by the School Physician.

Please **CIRCLE** the medications you are allowing to be administered.

1. Acetaminophen (Tylenol) – for headache, pain or fever
Children's Liquid
Children's Chewable
Regular Strength Tablets – 1 or 2 tablets

2. Ibuprofen (Motrin/Advil) – for headache, pain or fever
Children's Liquid
Regular Strength Tablets – 1 or 2 tablets

3. Benadryl – for allergy
Children's Liquid (12.5 mg)
Tablet or Capsule (12.5 mg /25 mg)

4. TUMS – for upset stomach
1 or 2 chewable tablets

5. Cough Drops/Throat Lozenges – for sore throats and/or coughs

***** Any Medications other than those listed above, will need a Physician's Order, and the medication must be provided by you, in the ORIGINAL container.**

Student Name _____

Parent Signature _____

Date _____

CHAPEL HILL ACADEMY – 2025-2026 School Year
CHILD MEDICAL HISTORY INFORMATION-YEARLY RENEWAL

This form provides the school nurse with vital information and MUST be completed and returned to school. Thank you for your prompt attention!

Today date: _____

Student's Name: _____

Date of Birth: _____

Guardian(s) of Student: _____

Family Physician: _____

Does your child have Asthma: _____ Yes _____ No

Does your child have food or insect allergies requiring an Epinephrine Auto Injector? _____ Yes _____ No

Has this child had:

German Measles No: ___ Yes: ___ Age: _____

“Hard” Measles No: ___ Yes: ___ Age: _____

Mumps No: ___ Yes: ___ Age: _____

Chicken Pox No: ___ Yes: ___ Age: _____

Scarlet Fever No: ___ Yes: ___ Age: _____

Asthma/RAD No: ___ Yes: ___ Age: _____

Encephalitis No: ___ Yes: ___ Age: _____

Epilepsy No: ___ Yes: ___ Age: _____

Ear Infections No: ___ Yes: ___ Age: _____

Meningitis No: ___ Yes: ___ Age: _____

Rheumatic Fever No: ___ Yes: ___ Age: _____

Reyes Syndrome No: ___ Yes: ___ Age: _____

Please print all information!

Any complications from above illnesses? _____

Has this child had any other illnesses? _____

Has this child had any condition which required emergency treatment or hospitalization?

_____ If yes, state age of child and length of hospitalization _____

Is this child presently under a physician's care? Yes: ___ No: ___

If yes, describe _____

Is this child taking any medication? Yes: ___ No: ___

If yes, name of medication: _____ Dosage: _____

PLEASE COMPLETE REVERSE SIDE OF SHEET!!

CHILD MEDICAL HISTORY INFORMATION-YEARLY RENEWAL

Page 2.

Does this child have any medical or physical problem the school should know about?

(Example: allergies, tires easily, headaches, nosebleeds, handicaps) _____

Does any close relative in your family have a history of: (Check and indicate relationship to this child.)

Diabetes: _____ Cancer: _____ Tuberculosis (TB): _____

Birth Defect: _____ Anemia: _____ High Blood Pressure: _____

Sickle Cell Anemia: _____ Heart Disease: _____ Epilepsy: _____

Learning Problems: _____ Other: _____

Date of Last Physical: _____

Parent/Guardian Signature: _____



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Dear Parents /Guardians:

We have students in Chapel Hill Academy that have severe nut allergies. They have an anaphylactic allergy to nuts which is a serious health issue.

These allergies do not produce the cold-like symptoms of seasonal allergies with which we are all familiar, such as sneezing and itchy eyes. An anaphylactic reaction can begin with an itchy mouth and hives, and may progress to vomiting. It can possibly lead to swelling of the mouth and throat area, difficulty breathing, and a drop in blood pressure, and even death as the person's airway is blocked by swelling. A shot of epinephrine will stop the reaction long enough to seek medical attention.

We want to remind you that this condition requires a nut free environment. **No nut products are allowed in our school.**

Please be careful to read all food labels before sending food into school. Your cooperation in this matter is greatly appreciated. If there are any concerns or issues regarding this please feel free to call us.

Please sign below and return to school.

Sincerely,
Michael Somers III
Director

Date: _____

Students Name: _____

I have read and understand the above allergy alert.

Parent/Guardian's signature _____



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Dear Parents/Guardians:

As one of our measures to protect your child's health, Chapel Hill Academy is continuing a sun safety policy. Our goal is to teach the children that the sun is fun when you protect yourself from harmful burning rays.

Practicing sun safety during childhood and adolescence plays an important role in the prevention of skin cancer, the most commonly diagnosed cancer in the United States. One severe sunburn during childhood can double the risk of developing skin cancer later in life.

The Staff at Chapel Hill Academy would like to work with you in providing the best possible sun protection for your child. We intend to monitor the children's time outdoors in direct sunlight and provide shade structures that will protect them when they are outdoors.

PLEASE APPLY SUNSCREEN TO YOUR CHILD BEFORE COMING TO SCHOOL!

We request you provide you child with the following:

- Sunscreen 15 SPF or higher. Please make sure to apply to your child every morning for the entirety of ESY. CHA staff will re-apply as necessary

We suggest you provide your child with the following for field trips where appropriate:

- Wide Brimmed hats that will protect your child's face, neck, and ears. Baseball hats are not recommended (but will be used if sent) because they do not shield the neck, ears, cheeks.
- Ultraviolet Protective Factor (UPF) protective clothing such as lightweight long-sleeved shirts (when suitable).
- Unbreakable sunglasses that offer 100% UVA and UVB protection.
- Lip Balm with SPF of 15 or higher.

Sunscreen and lip balm should be clearly labeled with your child's name in permanent marker. Hats and clothing should be clearly labeled inside with your child's first name and last initial.

Thank you for helping us protect your child from over exposure to sun. Consistently practicing sun safe behaviors can make a big difference for your child later in life. If you have any questions, please contact Lisa Bell school nurse at (973)-686-0004, or at Lisa.B@chapelhillacademy.net

Sincerely,
Michael Somers III
Director

CHAPEL HILL ACADEMY
SUN SCREEN PERMISSION FORM

Name of Child: _____

As the parent/guardian of the above child, I recognize that too much exposure to UV rays may increase my child's risk of getting skin cancer someday. I encourage all parents/guardians to apply sunscreen prior to the student coming to school each day. I give permission for the staff at **Chapel Hill Academy** to apply a sunscreen product that is broad spectrum SPF 15 or higher to my child, as specified below, when he/she will be playing outside, especially during the months of March through October and between the daily time of 9 AM to 2 PM.

I understand that sunscreen may be applied to exposed skin, including but not limited to the face (except eyelids), tops of ears, nose, bare shoulders, arms and legs.

I have *initialed* below **all** applicable information for the use of sunscreen for my child:

I do not know of any allergies my child has to sunscreen

My child is allergic to some sunscreens. Please use **ONLY** the following brand(s)/type(s) of sunscreen that I have labeled and sent: _____

I have provided the following brand/type of sunscreen for use for my child:

for medical reasons, please **DO NOT** apply sunscreen to the following areas to my child's body:

NOTE: DO NOT RELY ON SUNSCREEN ALONE TO PROTECT CHILDREN FROM SKIN CANCER!!

Bug Spray Permission Form

I give permission for the staff at **Chapel Hill Academy** to apply bug spray product to my child, as specified below, when he/she will be playing outside, especially during the months from April through October and between the daily time of 10 AM to 4 PM.

I have *initialed* below **ALL** applicable information for the use of bug spray for my child:

I do not know of any allergies my child has to bug spray

My child is allergic to some bug spray. Please use **ONLY** the following brand(s)/type(s) of bug spray that I have labeled and sent in: _____

I have provided the following brand/type of bug spray use for my child: _____

For medical reasons, please **DO NOT** apply bug spray to the following areas of my child's body:

Parent/Guardian's Name: _____

Date: _____

Parent/Guardian's Signature: _____

