



creative education for gifted and inquisitive children

Welcome to Satori! Registration for the 2020-2021 school year is open. This year the format has moved online and will be conducted in two phases:

Phase 1 – REGISTRATION PAPERWORK

Please fill out the following registration forms for each child that will be attending Satori this year. Students in Kindergarten-Grade 1 should fill out the Private School PRIMARY Registration Packet. Students in Grades 2-8 should fill out the Charter School SCS Registration Packet. When you are finished, forms can be submitted electronically using the “SUBMIT” button at the top right corner of the document (you must be using Adobe Reader for this function to work). Forms can also be saved and emailed to registration@satorischool.org. If you have any difficulties, please email chris@satorischool.org.

PHASE 2 – STUDENT SUPPLY/REGISTRATION FEES AND PAYMENT

After your student’s registration paperwork is turned in, our finance department will send you an email with estimated charges and a secure link to our website for payment. Additional instructions for how to pay will be given to you at that time. If you have questions regarding your account, please email brian@satorischool.org.

All students will need to have registration paperwork, birth certificates, up-to-date immunization records and fees paid before attending school, whether online or in-person.

Our office hours are as follows:

Private Campus, (520) 887-4003: Monday – Friday, 8:00 am – 12:00 pm.

Please ring the bell when you arrive, and Nate will meet you at the door.

Charter Campus, (520) 293-7555: Monday – Friday, 8:00 am – 12:00 pm.

Please knock on the office door and Susan will meet you at the door.

Due to Covid-19 guidelines, masks must be worn when coming to the door and parents will not be allowed to enter the campus buildings. Thank you for your understanding.

School begins on Thursday, August 6th. You should have received, or should soon be receiving, an email from your child’s teachers explaining the distance learning plan and additional information regarding the start of the school year.

We are excited to have you join us this year,

Jo

Joanna Honea
Executive Director/Head of School
Satori School



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

Parent or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

Parent 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:
(Pursuant to R9-5-304.B, at least two contact persons are required.)**

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.

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

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:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is child usually susceptible to infections and if so, what precautions need to be taken? If yes, list precautions:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is child subject to convulsions and what should be our procedure if one occurs? If yes, specify procedure:	<input type="checkbox"/> No <input type="checkbox"/> Yes
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.)? If yes, list precautions:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Additional comments:	
Other special instructions:	

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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Satori Charter School

McKinney-Vento Eligibility Questionnaire

School Name: _____

Student Name: _____
Last First M.I.

Date of Birth: _____
Month / Day / Year Grade Student ID

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help to determine if there are services that your student may be eligible to receive.

1. Is your current address a temporary living arraignment? Yes ____ No ____
2. If temporary, is this living arraignment due to loss of housing or economic hardship? Yes ____ No ____

If you answered YES to question 1 and 2, please complete the bottom of this form.
If you answered NO to either question 1 or 2, you may stop here.

Where is the student presently living? (Check one)

____ In a motel

____ In a shelter

____ With more than one family in a house or apartment

____ In a place not ordinarily used for sleeping (car, park, etc.)

Name of the Parent(s) / Legal Guardian(s): _____

Address: _____ Zip: _____ Phone: _____

How long at current address? _____

By signing, I attest this information is true and accurate.

Parent/Legal Guardian: _____ Date: _____



**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 of GIL 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.

Annual Notification to Parents Regarding Confidentiality of Student Education Records

The Family Educational Rights and Privacy Act (FERPA) is a Federal Law that protects the privacy of student education records. FERPA gives parents certain rights with respect to their children's education records. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level. Students to whom the rights have transferred are "eligible students."

- Parents or eligible students have the right to inspect and review the student's education records maintained by the school within 45 days of a request made to the school administrator. Schools are not required to provide copies of records ~~ess~~ it is impossible for parents or eligible students to review the records without copies. Schools may charge a fee for copies.
- Parents or eligible students have the right to request in writing that a school correct records that they believe to be inaccurate or misleading. If the school decides not to amend the record, the parent or eligible student then has the right to a formal hearing. After the hearing, **if** the school still decides not to amend the record, the parent or eligible student has the right to place a statement with the record setting forth his or her view about the contested information.
- Generally, schools must have written permission from the parent or eligible student in order to release any information from a student's education record. However, FERPA allows schools to disclose those records, without consent, to the following parties or under the following conditions:
 - o School officials with legitimate educational interest
 - A school official is a person employed or contracted by the school to serve as an administrator, supervisor, teacher, or support staff member (including health staff, law enforcement personnel, attorney, auditor, or other similar roles); a person serving on the school board; or a parent or student serving on an official committee or assisting another school official in performing his or her tasks;
A legitimate educational interest means the review of records is necessary to fulfill a professional responsibility for the school;
 - o Other schools to which a student is seeking to enroll;
 - o Specified officials for audit or evaluation purposes;
 - o Appropriate parties in connection with financial aid to a student;
 - o Organizations conducting certain studies for or on behalf of the school;
 - o Accrediting organizations;
 - o To comply with a judicial order or lawfully issued subpoena;
 - o Appropriate officials in cases of health and safety emergencies; and
 - o State and local authorities, within a Juvenile Justice system, pursuant to specific State law.

Schools may disclose, without consent, "directory" information such as a student's name, address, telephone number, date and place of birth, honors and awards, sports participation (including height and weight of the student) and dates of attendance unless notified by the parents or eligible student that the school is not to disclose the information without consent

The Individuals with Disabilities Education Act (IDEA) is a federal law that protects the rights of students with disabilities. In addition to standard school records, for children **with** disabilities education records could include evaluation and testing materials, medical and health information, Individualized Education Programs and related notices and consents, progress reports, materials related to disciplinary actions, and mediation agreements. Such information is gathered from a number of sources, including the student's parents and staff of the school of attendance. Also, with parental permission, information may be gathered from additional pertinent sources, such as doctors and other health care providers. This information is collected to assure the child is identified, evaluated, and provided a Free Appropriate Public Education in accordance with state and federal special education laws.

Each agency participating under Part of IDEA must assure that at all stages of gathering, storing, retaining and disclosing education records to third parties that it complies with the federal confidentiality laws. In addition, the destruction of any education records of a child with a disability must be in accordance with IDEA regulatory requirements.

For additional information or to file a complaint, you may call the federal government at (202) 260-3887 (voice) or 1-800-877-8339 (TDD) OR the Arizona Department of Education (ADE/ESS) at (602) 542-4013. Or you may contact:

Family Policy Compliance Office
U.S. Department of Education
400 Maryland Avenue, SW
Washington, D.C. 20202-5901

Arizona Department of Education
Exceptional Student Services
1535 W. Jefferson, BIN 24
Phoenix, AZ 85007

This notice is available in English and Spanish on the ADE website at www.adc.tz.gov/ess/resources under forms. 1: or assistance in obtaining this notice in other languages, contact the ADE/ESS at the above phone number.

Satori Community Health Screening Agreement for COVID-19

Background

COVID-19 is a highly contagious viral illness that easily spreads through contact with others. Excluding sick individuals from the campus is one of the best defenses against community spread. Please consult the Pima County Health Department for more information, if needed. This document is not a substitute for medical advice. If you have concerns about the health of your family and COVID-19, please consult a medical provider. Indicator symptoms of COVID-19 may change as new information is discovered.

Agreement

I understand that Satori will require that families monitor students' health and well-being prior to coming to school each day, and that employees will monitor their own health and well-being daily. This will involve:

- Taking and recording the temperatures of all household members daily
- Monitoring individuals for symptoms such as:
 - fever (defined by ADHS as 101°F oral or 100°F under the arm)
 - respiratory symptoms including:
 - runny nose
 - sore throat
 - cough
 - shortness of breath
 - headache
 - muscle aches or chills
 - changes in sense of taste or smell

I agree to perform, supervise, or otherwise verify the daily health screen described above for myself, my student(s), and all members of the household, and to ensure that sick individuals stay home from the Satori campus should symptoms arise.

I understand that if a child has any of these symptoms, parents or guardians must keep the child home and call to notify the school about the absence and illness.

I understand that if a family member or other person in close proximity to a student or employee is diagnosed with COVID-19 or another infectious disease as described by the Pima County Health Department, the family must contact the school immediately; the student and family members must remain away from campus and continue attendance through Satori's Distance Learning model until following conditions for a return have been met. Satori will maintain the privacy of all community members with regards to health status.

I understand that before returning to school a child or adult community member must:

1. be fever free for seventy-two hours **without medication**
2. have improved respiratory symptoms (e.g. cough, shortness of breath)
3. 10 days have passed since symptoms first appeared.

If an individual is tested and tests positive, they can return to campus when they have no fever,

respiratory symptoms have improved, and they have received two negative test results in a row, at least 24 hours apart.

If an individual has tested positive for COVID-19 but had no symptoms, they can return to campus after 10 days have passed since test.

Students who are restricted from campus due to the screening will have access to Online Learning if they feel well enough to do so. If a student cannot engage in scheduled Online Learning curriculum due to illness, please notify the office as soon as possible. With timely notification, students may be entitled to accommodations such as one school day per school day of “absence” to complete and catch up with work as appropriate.

The school will establish a designated safe, comfortable and comforting space where students who become ill or exhibit COVID-19-like symptoms can be isolated until a parent or guardian can pick them up from school.

I UNDERSTAND THAT OTHER SYMPTOMS MAY BE ASSOCIATED WITH COVID-19 AND SHOULD BE CONSIDERED WHEN DETERMINING WHETHER TO VISIT THE SATORI CAMPUS. I UNDERSTAND THAT A DAILY SYMPTOM CHECK WILL BE REQUIRED BEFORE ENTERING THE SATORI CAMPUS.

_____		_____
Satori Student Name	Satori Student Grade Level	
_____	_____	_____
Parent/Guardian Name	Parent/Guardian Signature	Date
_____	_____	_____
Satori School Representative Name	Satori School Representative Signature	Date

Media Release Form

2020-2021

This form may not be modified

Student Name _____ Teacher _____

Satori School is proud of our students and our community, so we often celebrate the many successes, projects, and activities of individuals and groups in various ways. Publication of those celebrations may include, but are not limited to, the following:

Facebook (no child names or close-up photos are used without permission, or faces will be blurred)

Satori Website pages

News: written and television

Satori family and faculty events

Satori Newsletters (distributed primarily via email)

Bulletin board displays in public areas of the school

Pima County Libraries, etc.

Print and electronic advertisements

Please indicate your preference regarding this issue by checking the appropriate boxes and adding your signature. If this form is not returned to the office, Satori reserves the right to use photos of your child.

☐

I hereby **GIVE** my permission to publish my child's photograph, videotape or audiotape, or projects for use on-site (bulletin boards, classroom use, newsletters, etc.).

☐

I hereby **GIVE** my permission to publish my child's photograph and name in the Satori yearbook-used both in-house and for marketing purposes. **If I do not specifically deny my permission for my child to appear in the yearbook by checking the box at the bottom of this page prior to class pictures being taken, and if my child is present on school picture day, I understand that my child's photo will appear in the class photo in the yearbook.**

☐

I hereby **GIVE** my permission to publish my child's photograph, videotape or projects in other print media, including, but not limited to, newspapers and printed advertising (circle one):

With first & last name.

With first name only.

Without identification.

☐

I hereby **GIVE** my permission to publish my child's photograph, videotape or projects in electronic media, including, but not limited to, Facebook, the Satori website, television news and electronic advertising (circle one):

With first & last name.

With first name only.

Without identification.

☐

I hereby **DENY** my permission to publish my child's photograph, videotape or projects, in any media, including all print and electronic media as well as Satori's yearbook.

Parent/Guardian Signature

Date

Satori School Family Volunteer Survey 2020-2021

Family volunteers are essential to the Satori community! Please fill out the following survey so we can learn more about your areas of volunteer interest.

Child: _____ Teacher: _____

Parent(s): _____

Email Address: _____

Mobile Phone: _____ Text OK?: _____ Other Phone: _____

The best way to reach me is by (phone, e-mail, text, other): _____

Please select your top three choices to fulfill your volunteer hours:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Classroom Volunteer | <input type="checkbox"/> Facilities & Grounds | <input type="checkbox"/> Field Trip Driver | <input type="checkbox"/> Guest Educator |
| <input type="checkbox"/> Library Assistant | <input type="checkbox"/> Fundraisers | <input type="checkbox"/> Auction Committee | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> General Help | <input type="checkbox"/> Other, please describe: _____ | | |

Do you have any special talents, experience, occupational or technical skills you would like to share with Satori?

Do you own a business or work for a business that could be of value to Satori in any way (plumbing, electrician, restaurant, graphic design, etc.)?

Satori families are expected to fulfill 20 hours of Volunteer Service each school year. It is the responsibility of the volunteer to arrange for completion of these hours and to maintain a record of completed volunteer hours in the "Volunteer Hours" binder in the office. Volunteer Service hours not completed may be billed at \$10/hour at the end of the school year.

Parent's Printed Name

Parent's Signature

Date

Satori School General Compliance Contract

My child _____, is enrolled at Satori.

Please initial/check each as you read and understand them. Your initial/check mark indicate compliance with each item.

_____ I agree to fulfill 20 hours per school year of Volunteer Service as articulated in the *Family Volunteer Survey*. I understand that Volunteer Service hours not completed may be billed at \$10/hour at the end of the school year.

_____ Please email me the newsletter at the following address(es)

_____ Yes, my contact information can be given to the Classroom Support Coordinator (CSC) for my child's classroom. (*The CSC is a volunteer liaison between classroom teachers/families/Administration who helps with various classroom and school-wide activities throughout the year and works to encourage community among the families within the classroom*)

_____ I will immediately provide and keep my child's "Blue Card" Emergency Information and Immunization Record up to date.

_____ I understand that information and policies are subject to change due to the impact of COVID-19.

Parent's Printed Name

Parent's Signature

Date

NOW MORE THAN EVER
WE NEED YOUR HELP!
HELP US RAISE FUNDS TO SAVE OUR PROGRAMS!



There are 2 ways to support Satori:

**AZ School Tuition Tax Credits
support**

**Scholarships for children in
Kindergarten and 1st Grade**

Up to **\$2,365 for a couple filing jointly** and **\$1,183 for an individual** can become a tax credit on your 2020 return.

Contact IBE at (520) 512-5438 or visit
www.ibescholarships.org
for eligibility limits and further details.

**Charter School Tax Credits
support**

**Satori's Unique
Character Enrichment Education**

Including The Evergreen Project, Spanish,
Computer Technology, and Physical Education.

**Arizona taxpayers can contribute \$200 per individual tax
return, \$400 per joint tax return**, to Satori Charter
School and receive a tax credit for up to the amount of
your contribution.

To contribute your TAX CREDIT, please fill out the following form:

Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Yes! I want to contribute a TAX CREDIT to Satori!

Charter Tax Credit (*select one*): \$400 _____ \$200 _____ other amount \$ _____

AZ School Tuition Tax Credit: Amount \$: _____ Designated School: SATORI SCHOOL

Designated Student* (*optional*): _____ *for Private School tuition

I would like to make a monthly withdrawal _____

Upon receipt, our Finance Department will be in touch with additional payment information.

Satori School
Walking Permission Form
2020 - 2021

I give my child(ren), _____, permission to walk to locations close to Satori School, such as Woods Library and from one school building to another, under the supervision of a member of the Satori staff.

Parent's Printed Name

Parent's Signature

Date

Satori School
Evergreen Project Field Trip Permission Form
2020 - 2021

At Satori we believe in providing a wide variety of enriching experiences for our students. Some of these experiences may include exposure to class pets and animals in The Evergreen Project such as chickens, and other birds, goats, tortoises, and insects. While we take precautions to prevent illness or injury from animals on campus, even with the best care, socialization, treatment and supervision, sometimes unforeseen incidents occur.

I understand that by signing below I am giving permission for my child to participate in supervised activities in The Evergreen Project, including the handling of animals. I understand that even when animals are well socialized and cared for, unexpected events, such as bites, scratches, illness, and damaged clothing can still occur.

Child's Name: _____

Child's Teacher: _____

Special instructions or concerns regarding my child's interactions with animals:

Parent's Printed Name

Parent's Signature

Date

FIELD TRIP DRIVER INFORMATION
2020 - 2021

CHILD(REN)'S NAME(S): _____

TEACHER NAME(S): _____

DRIVER NAME(S): _____

ARIZONA DRIVERS' LICENSE NUMBER: _____

PHONE NUMBER: _____

CAR INFORMATION:

YEAR: _____ MAKE: _____ MODEL: _____

LICENSE PLATE NUMBER: _____

NUMBER OF SEATBELTS EXCLUDING DRIVER: _____

INSURANCE COMPANY: _____

POLICY NUMBER: _____

- *You will need to provide a copy of your Arizona Proof of Insurance card and driver's license before driving for a Field Trip. See office for details.*

2020 - 2021 Satori School Van Code of Conduct

If your child will be a passenger in our Satori vans for transportation to and from activities, it is important **you and your child read and agree** to the following rules:

1. Passengers must wear a seat belt at all times. Seat belts are to remain buckled until the van engine is turned off.
2. Please do not eat or drink anything other than water in the van.
3. Passengers will listen to any rules or requests the driver needs at any time.
4. Only a Satori staff member or responsible adult may open the Satori van doors for entering and exiting.
5. Noise level needs to be kept within reason for the driver to drive safely.
6. Unsafe behavior will not be tolerated and can result in van privileges being revoked.
7. Any vandalism of the van will result in van privileges being revoked.
8. Radio and AC controls are to be changed only by the driver or responsible adult.
9. Windows may be opened by Satori staff or responsible adults only.
10. All trash must be picked up when exiting the van.
11. Hands, arms, and other objects must stay inside the van at all times.
12. Be respectful of other vehicles on the road and in parking lots. Be respectful of pedestrians you pass on the road and at your final location.

Please note: passengers must agree to these rules to be transported in the Satori van for activities such as field trips and after-school activities.

Print Family Last Name(s)

Date

Parent Signature

Student Signature

Satori School
Grandparent's and Family Friend's Day Information Sheet
2020 - 2021

It is an annual tradition at Satori to invite grandparents and family friends to spend a morning with their special Satori child. Please provide us with contact information so we can invite them to this very special event. Grandparents' and Family Friends' Day is usually held in December.

Child's Name(s) _____

Teacher(s) _____

Grandparents' Names: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Grandparents' Names: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Grandparents' Names: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Grandparents' Names: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

For office use only

charter/private

classes

siblings/relatives

July 24, 2020

Dear Parents:

Welcome back! There is always a lot to remember as we start each new school year, but it is especially important to keep in mind that the bright Arizona sun can harm our children's sensitive skin. There are two sunscreen options available at Satori. The first (and easiest) is to take advantage of Satori's sunscreen program. We have purchased a high-quality SPF 30 sunscreen with UVA and UVB protection from Rocky Mountain Sunscreen. **If you choose to use our sunscreen, the cost is only \$25.00 per year.** Please read the attached information and fill out the form, then return it with your payment to the office. The second option is to bring in a bottle of sunscreen from home with an SPF of 15 or higher and with UVA and UVB protection. Make sure that your child's name is clearly written on the bottle with permanent marker. Unmarked bottles will be discarded. Stop by the office to pick up and fill out an individual sunscreen permission form. The Arizona Department of Health Services considers sunscreen a medication and requires that we have a new form on file each school year in order to apply any sunscreen to your child.

Also, please apply sunscreen to your child before coming to school in the morning. Most sunscreens are more effective if they are on the skin at least 30 minutes prior to sun exposure. If your child does not have sunscreen applied in the morning before school, please notify your child's teacher.

Thank you,

Susan Marcus

Office Administrator



Parental Consent Form

2020-2021

Attention Parents

Rocky Mountain sunscreen is dedicated to children's year-round sun protection. The chemicals listed below are standard chemicals used in only top-quality sunscreens. Please take a moment to insure your child is not allergic to any of these standard ingredients. It is our sincere intent to provide your child with the best in sun protection lotion that is designed for ease of application. Please review the sun tip information listed below. It is important we begin to teach children the importance of daily application of sunscreen. If you have any questions or concerns about the chemical ingredients used in sunscreens, it is important that you consult your physician. SUNSCREEN, PLEASE! Encourage your child to request sunscreen from the initial contact person at the school. Finally, renew this authorization annually to insure your children's continued protection at your school.

Rocky Mountain Sunscreen is:

Paba free, waterproof, hypoallergenic, fragrance-free, non-greasy, moisturizing, and aloe based.

SUN TIPS FOR SCHOOLS AND PARENTS

The Facts (from AMC Cancer Research Center Sun Safe School Guide): There are over 1 million new cases of skin cancer in the U.S. each year.

- Skin cancer is the most common cancer in the U. S.; 1 in 5 Americans develop skin cancer.
- Melanoma skin cancer can be deadly; one American dies of skin cancer every hour.
- Most skin cancers are caused by over exposure to the sun's UV.
- We get 80% of our lifetime sun exposure by age 18
- Even 1 severe sunburn in childhood can double the risk of developing melanoma later in life.

I authorize you to apply Rocky Mountain Sunscreen to my child for all of his/her outdoor activities

Child's name

authorized signature

date

Standard active Ingredients used in various SPF's of Rocky Mountain Sunscreen.

SPF 15, 30 & 45: Octyl Methoxycinnamate and 2-Ethylhexyl Salicylate.

SPF 30: Homosalate, Oxybenzone

SPF 45: Oxybenzone, 2-Ethylhexyl-2Cyano-3,3 diphenylacrylate.

(a complete list of all ingredients used in Rocky Mountain Sunscreen is available via written request to RMSS Offices, 12100 W. 52nd Ave, #120, Wheat Ridge, CO 80033 USA, 888-356-8899)