

# *River Edge Elementary Schools*

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[www.riveredgeschools.org](http://www.riveredgeschools.org)

*"Building Bright Futures Together"*

Dr. Tova Ben-Dov  
Superintendent of Schools

LuAnne A. Napolitano  
Board Secretary/Business Administrator

August, 2017

Dear Parents/Guardians:

"The River Edge Board of Education acknowledges that food allergies can be life threatening." In an effort to keep all students healthy and safe at school, the River Edge Board of Education has adopted the Food Allergy Policy, File Code 5141.20 (located on website). We ask that you read the policy closely and note the items under Family Responsibility and Student Responsibility with your child.

We recognize that there are many celebrations during the school year. The administration, together with the PTO, has agreed that **three** of these celebrations can include food. The "three food celebrations" will be planned per grade level, in school, per year. Teachers on each grade level will determine the three food celebration days for the year. In order to better serve all of our students as we follow our policy, including the many students with allergies, there will be a set menu for these celebrations. The PTO class parents will work with the teachers to choose foods from the set menu. See list of food choices below.

Please complete, sign and return the permission slip to your child's teacher, indicating your preference for your child for this school year. If your child cannot eat these foods, please supply your child with a nutritious snack she/he can eat during the celebration.

**In addition, the PTO will supply water, watermelon and ice pops at all field days grades K-6. The students will bring their own lunch.**

In grades K-3, children will have an opportunity to have a birthday celebration in their classroom the last week of the month of his/her birthday. These will be non-food celebrations. Parents are asked not to send in any food or goodie bags for any celebration. July birthdays are celebrated in June and August birthdays are celebrated in September.

Sincerely,

Denise Heitman  
CHS Principal

Mike Henzel  
RS Principal

Beth Rosen  
NBC Assistant Principal

# *Cherry Hill School & New Bridge Center*

410 Bogert Road  
River Edge, New Jersey 07661  
201-261-3405  
[www.riveredgeschools.org](http://www.riveredgeschools.org)

Denise Heitman, Principal

Beth Rosen, Asst. Principal

## Food Choices for Classroom Celebrations:

### **NONE OF THE FOOD CHOICES CONTAIN NUTS**

#### Drinks

Water

Seltzer (plain)

100% Fruit Juice

#### Fruits/Vegetables

All Fruits and Vegetables

#### Finger Foods

Pizza (Soprano's, Big Jim's, River Edge Pizza Kitchen(Gluten-Free Available), La Toscana (Gluten-Free Available)

**Plain** bagels (Nick's, Hot Bagels)

Corn muffins/Corn bread (SR)

Pirate Booty

Pretzels (SR)

Potato chips (Utz) Ripples or Wavy

Popcorn (Air popped popcorn, Bachman, SR)

Crackers (Triscuits, Wheat Thins, Ritz, Club)

Goldfish crackers

Baked tortilla chips and salsa

Graham crackers (Nabisco)

Low fat yogurt (Stonyfield, SR)

Thomas' English muffin pizza

**Plain** Thomas' English muffins

**Plain** Cheerios

Cheese

Cream Cheese (Philadelphia, SR)

String Cheese (Polly O)

Ore Ida bagel bites

Low fat Kemps vanilla frozen yogurt 4 oz.

Firecracker ice pops (Popsicle brand)

Scribblers (Popsicle brand)

100% Fruit Juice ice pops

Original Reddi Whip

French Onion Dip (Heluva Good, SR, Oikos)

(SR = Shop Rite)

**If your child cannot eat any of the above food, please list those foods on the permission slip.**

## Food Allergy Permission Slip

It is the Parent/Guardian's responsibility to notify the school of a child's allergies. Please update your school nurse in writing of any changes in your child's allergy status throughout the year.

**All students MUST return this form by September 8, 2017**

\_\_\_\_\_  
Name of student

\_\_\_\_\_  
Grade/Class

\_\_\_\_\_ I have read the Food Allergy Policy

\_\_\_\_\_ I give permission for my child to eat all of the food on the attached list.

\_\_\_\_\_ I do not give permission for my child to eat any of the food on the attached list.

\_\_\_\_\_ I do not give permission for my child to eat the following food on the attached list.

**Please list the specific foods.**

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date