



Morning Program
2022- 2023

This form must be completed and signed by the parent or guardian along with a \$25.00 One Time Registration Fee for the school year 2022 - 2023.

Name of Student: _____
Last Name First Name Student Number

Home Address: _____
Street City/State Zip

Phone Number: () - _____ () - _____
Home Cellular

Is your child on: _____ FREE/REDUCED _____ REGULAR LUNCH

Date child will start: _____

NOTE: IF YOUR CHILD HAS ANY MEDICAL OR HEALTH CONCERNS, PLEASE ATTACH A NOTE TO THE APPLICATION FORM EXPLAINING THE CONDITION AND PHYSICAL LIMITATIONS.

*****HEALTH ALERTS _____

Parent/Guardian's Signature Date

PARENT OR GUARDIAN INFORMATION

Mother's Name _____ Home Phone _____

Place of Employment _____ Cellular # _____

Business Address _____ Work # _____

Father's Name _____ Home Phone _____

Place of Employment _____ Cellular # _____

Business Address _____ Work # _____

Guardian's Name _____ Home Phone _____

Place of Employment _____ Cellular # _____



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Please complete front and back of this form

EMERGENCY CONTACT PERSONS OR DESIGNEE

1. Name _____ Relationship to Child _____
Address _____ Phone/Cell # _____
2. Name _____ Relationship to Child _____
Address _____ Phone/Cell # _____
3. Name _____ Relationship to Child _____
Address _____ Phone/Cell # _____



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I _____, the parent of _____,

agree to pay the Soaring Eagles Morning Academy a monthly morning fee for my son/daughter
(if it applies).

AUTHORIZATION FOR RELEASE: I give permission for my child to be released to the
following persons for transportation home from Soaring Eagles Morning Academy.

Name: _____ Relationship: _____

ASSUMPTION OF RISK/NOTICE OF INSURANCE RESPONSIBILITY: The
undersigned participant in consideration for Eagles Landing Middle School providing facilities,
equipment, instruction, and supervision in this program for which his/her child has registered,
does hereby:

1. Assume all risks and responsibility of possible damage or injury through their child's participation in this program. I understand I am to furnish my own insurance in case my child is injured.
2. Certify that his/her child is in good health and capable of participation in this program.
3. Authorize emergency medical care for his/her child.
4. Agree to indemnify and hold harmless Eagles Landing Middle School agents or employees from liability resulting from his/her child's participation in this program and emergency medical care.

PERMISSION TO TAKE AND USE PICTURES/VIDEO: As part of the Eagles Landing Morning Program, we take pictures and video of students participating in activities. We use these in school newsletters, yearbook, school announcements, and on the school's website, as well as in displays at the district offices.

Please sign below to give consent to use your child's pictures/videos in the above settings.

I give consent for pictures/video. I do not give consent for pictures/videos.

I have read and understand the above Morning Academy Policies

Parent's Signature _____ Date _____



THE SCHOOL DISTRICT OF PALM BEACH COUNTY
SCHOOL FOOD SERVICE

Eligibility Status Release
2022-2023 School Year

In order for the School Food Service to provide your child's status information to programs other than the National School Lunch Program, permission from you is required **each school year**. List the student name, date of birth, current school and grade for the student(s) for whom you would like status information to be shared. Contact Meal Benefits at 800-383-2025 if you have any questions.

Student ID # (Optional)	First Name	Last Name	Date of Birth	Current School	Grade

Please return the signed Eligibility Status Release to:

School Food Service
3661 Interstate Park Road North, Suite 100
Riviera Beach, FL 33404

Phone: 561-383-2000

Fax: 561-383-2043

Email: Mealbenefits@palmbeachschools.org

Web: www.palmbeachschools.org/sfs

You may change this consent any time by sending a written notice to School Food Service. **Sending in this form will not change whether your child receives free meals, nor will your financial information be released, only the student's eligibility status.** Please note that the only information released will be the student's eligibility status. School Food Service will not share any information contained in the income survey, nor will we release information for any purpose other than what is outlined in this consent.

As the parent or guardian for the student listed above, I hereby grant permission for the School District of Palm Beach County School Food Service to share eligibility status information for the above referenced student(s) with other School District of Palm Beach County program administrators in order to determine whether my child(ren) qualifies for benefits based upon his/her eligibility status. This could include field trips, fee waivers and possible scholarships.

Parent/Guardian Signature

Date

Parent/Guardian Printed Name

The School Board of Palm Beach County, Florida, prohibits discrimination in admission to or access to, or employment in its programs and activities, on the basis of race, color, national origin, sex or sexual orientation, marital status, age religion, disability, genetic information, gender identity or expression, or any other characteristics prohibited by law. The School Board also provides equal access to the Boy Scouts and other designated youth groups. The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or if all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (in Spanish). USDA is an equal opportunity provider and employer.