



THE SCHOOL DISTRICT OF PALM BEACH COUNTY
EXTENDED LEARNING AND EARLY CHILDHOOD EDUCATION

Afterschool Programs and VPK Wrap-Around Registration

Choose one: <input type="checkbox"/> Regular Student Registration <input type="checkbox"/> Camp Days Only <input type="checkbox"/> 21st CCLC/Summer Programs <input type="checkbox"/> Summer Camp Registration		Program: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> 21st CCLC		<input checked="" type="checkbox"/> Middle School Afterschool <input type="checkbox"/> Youth XS <input type="checkbox"/> Youth S <input type="checkbox"/> Youth M <input type="checkbox"/> Youth L		T-shirt size: <input type="checkbox"/> Youth XL <input type="checkbox"/> Adult S <input type="checkbox"/> Adult M <input type="checkbox"/> Adult L <input type="checkbox"/> Adult XL <input type="checkbox"/> Adult 2X <input type="checkbox"/> Adult 3X		VPK Wrap-Around Choose one: <input type="checkbox"/> 2:00 PM-4:00 PM <input type="checkbox"/> 2:00 PM-6:00 PM	
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A non-refundable fee of \$35 per child is due at regular student registration. Summer camp registration fees vary according to the program. Complete ALL AREAS on both sides of this form. Do not leave any area unanswered. A registration form must be completed ANNUALLY for each student.

Student ID #	Student First Name	Middle Name	Last Name	Suffix	Student Former Name or AKA (if applicable)
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Student Local Address (house #, street name, apartment #)	City	State	Zip Code
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Gender	Entering Grade	Age	Date of Birth	Name of School Eagles Landing Middle School
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Who does the student live with? Parent Guardian Grandparent Foster Home Group Home Other _____

Name of the last school attended in Palm Beach County _____

Is a language other than English used in the home? Yes No (specify language) _____

Does the student have a first language other than English? Yes No (specify language) _____

Does the student have sibling(s) enrolled in Palm Beach County Schools? Yes No If yes, provide the names, grades, and school they attend.

PARENT/GUARDIAN INFORMATION

Parent or Guardian	E-mail Address (optional)
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Address if not the same as student (house #, street name, apartment #, city, state, zip code)	
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Place of Employment	Work Number (Optional)
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Home Number	Cell Number	Accept text message? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Parent or Guardian	E-mail Address (optional)
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Address if not the same as student (house #, street name, apartment #, city, state, zip code)	
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Place of Employment	Work Number (Optional)
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Home Number	Cell Number	Accept text message? <input type="checkbox"/> Yes <input type="checkbox"/> No
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QUESTIONS A-D BELOW MUST BE ANSWERED

- A. Is there Court Order **barring either parent from removing the student** from school? Yes No
- B. Do parents have **shared (or joint) parental rights and responsibility**? Yes No
- C. Does either parent have **final decision making authority regarding educational decisions** for the student? Yes No
- D. Is there a **Temporary Restraining Order, Permanent Restraining Order, Order of No Contact, or other Court Order** that restricts or impacts access to the student by anyone, including a parent/guardian? Yes No

Please provide the afterschool program with a copy of ANY applicable court orders

EMERGENCY INFORMATION - Provide the name(s) of person(s), other than the parent/guardian allowed to pick up the student.

Name (first, middle initial, last)	Relationship to Student	Phone number

Provide a **password** that will be used when picking up the student. Limit the password to 10 characters **or** less.

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Afterschool Programs Registration, continued	Student ID #	Student Legal Name - First	Middle	Last
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HEALTH & EDUCATION INFORMATION

Student health insurance (check all that apply) Medicaid Healthy Kids/Kid Care Private None

Physician Name: _____ Physician Telephone #: _____

Does student have allergies? If yes, describe below whether or not they are life threatening. N/A

List medical concerns, behavioral issues, or physical limitations. N/A List all medications student takes at home and at school (indicate home or school). Physician must provide form authorizing medications given to the student at school. (Parent/guardian must provide physician form authorizing medication(s) given to student at school) N/A

Does the student have an Individual Educational Plan (IEP) or 504? Yes No (If yes, please provide the afterschool program with a copy of the plan.)

READ THE FOLLOWING CAREFULLY. CHECK AVAILABLE, APPROPRIATE BOXES BELOW STATEMENTS AND SIGN BELOW.

Parental consent for release of student photograph and information I hereby give permission for the school or District to use my child's photograph, video image, writing, voice recording, name, grade level, school name, participation in officially recognized activities and sport, weight and height of members of athletic teams, dates of attendance, diplomas and awards received, date and place of birth, and most recent previous school attended, in annual yearbooks, graduation programs, playbills, school productions, web sites, social media sites, etc. and/or similar school or District sponsored publications or in school or District approved news media interviews, releases, articles, and photographs. I also provide permission for the release by the school or District to the media and governmental entities of my child's name, grade, school name and honors my child has received for public announcement of recognition of my student's accomplishments. **I understand that without checking the permission box** my child's name and photograph cannot and will not be included in any publications or presentation, including a school yearbook.
 I give permission I do not give permission

Notice of medical records disclosure: Your child's medical records or medical information that have been provided to the school are student records which are subject to the requirements of FERPA, 20 U.S.C.A. 1232g. Accordingly, that information can be disclosed without the written consent of the parent/guardian as allowed by FERPA, including if used by a teacher or other school official, who has a legitimate educational interest, or if disclosure is to an appropriate party and is necessary to protect the health or safety of the students or other individuals.

Verification of student Registration. Registration is not valid without a verification signature and date. My signature indicates an agreement to accept policies and procedures established by the Afterschool Program (see Afterschool handbook.)

Notice of Technology Acceptable Use Policy For Students: Your child may have access at school for many school-related activities to certain District technology resources, including the Internet and the District's Intranet. Your child's school's access to the Internet is filtered to comply with the Children's Internet Protection Act and School Board Policy 8.125. Your child will be required to follow the acceptable use standards and guidelines that are stated in Policy 8.123, the referenced Manual, and the Notice of Conditions for Student Use of District Technology and be bound by their terms. There is only a limited expectation of privacy to the extent required by law related to a student's use of these technology resources. Before your child uses these District resources, he/she will read, be read to, and/or explained these documents and will electronically acknowledge that he/she understands, and agrees to follow them.
 You are invited to read this Policy, Manual and Notice. If you need assistance reading the documents, you may ask the school for assistance. The policy is available at: <https://go.boarddocs.com/fl.palmbeach/Board.nsf/Public#> under Chapter 8 -- Policy 8.123.

Under penalties of perjury, I declare that I have read the foregoing form and that the facts stated in it are true and accurate. Florida Statutes Sec. 92.525 (3) provides that whoever knowingly makes a false declaration under penalties of perjury is guilty of a felony of the third degree.

By signing below, I understand and agree it is my responsibility to contact my child's school immediately to inform them of any changes to my contact information including name, address, home or cell phone numbers or e-mail address. If I agreed to accept text messages on my cell phone, I understand standard messaging rates with my cellular phone provider may apply. I agree to reimburse the District for any fines, fees, expenses or other damages it incurs caused by my failure to update my contact information. Additionally, I hereby consent to receive autodialed and/or pre-recorded calls from or on behalf of the School District of Palm Beach County at the telephone number(s) provided on page 1, including my wireless number, if applicable.

REGISTRATION IS NOT VALID WITHOUT SIGNATURE AND DATE.

Parent/Guardian Signature (unless student is emancipated) **Date**

FOR AFTERSCHOOL PERSONNEL USE ONLY

Teacher's Name _____ Enrollment Date

Registration Payment Type Cash Check Check # or Money Order _____ Entered in EZ-Care2 _____



THE SCHOOL DISTRICT OF PALM BEACH COUNTY
SCHOOL FOOD SERVICE

Eligibility Status Release

2024-2025 School Year

In order for 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.