



Reborn Christian Academy

4710 W. Irlo Bronson Memorial Hwy Kissimmee, Fl 34746
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Student Meal Services Registration

Student Name: _____ DOB: _____ Student ID: _____
Parent Name: _____ Phone #: _____ Email: _____

Your student will have meals: From Home Breakfast Service Lunch Service

Is your child allergic to any type of food/ingredients: _____

By signing this agreement, you acknowledge that for each time your child consume any of the items sold at Reborn Christian Academy you are solely responsible for the amount charge per each of the items. You also understand that no meals will be serve on credit. Please make sure that your child's Myschoolbucks account is funded in order for your child to be able to receive the meal service.

Comments/ Restrictions: Please note that in this section you can set a limit the amount your child can purchase per day and also if there is any dietary restrictions for your child: : _____

Parent Signature: _____ Date: _____