

LAKESIDE UNION SCHOOL DISTRICT

Extended Student Services

SUMMER FUN IN '21

Tuesday, June 15th - Wednesday, August 18th

Location: LAKESIDE MIDDLE SCHOOL - 11833 Woodside Ave.

June 15, 2021 through August 6, 2021 - Lakeside Middle School

August 9, 2021 through August 18, 2021 - Student home site*

Students will report to their 2021/2022 school site for the last week and a half of camp.

*All middle school students (including TDS students) will remain at LMS.

*Eucalyptus Hills Elementary students will attend Lakeside Farms Elementary

HOURS: 6:00 AM to 6:00 PM (based on need & subject to change)

Contact info: LMS Campus (619) 438-8890 * Account Tech - (619) 390-2534

Check our website (<https://www.lsusd.net/page/192>) for our full contacts page

**ALL INCOMING
TK-8TH GRADERS.
Out of district students
are welcome to join the fun**

FIELD TRIPS

We will be going to Mission Bay (TK - 5th grade) & Mission Beach (6th - 8th grade) every Tuesday and Thursday with the following exceptions - Not 6/15/2021 or 7/6/2021.

We will continue to work with CDPH and local officials to determine what, if any, protocols will be required.

Transportation: Buses will be provided by Lakeside Union School District for all field trips

LMS will also host special on site activities that will require bathing suits, towels, sunscreen, extra clothes, hats, etc.

Registration must be completed at least 1 week prior to week needed.

Registration Fee: \$100.00 per child -

Students will receive a long sleeve rash guard with UVA/UVB protection - Must be worn for each water field trip

Rash guard loaners are not available - a \$20 fee will be charged to your account for each additional rash guard

Weekly Rates: \$150.00 every week / \$125.00 per week for each additional child

Note: Tuition is due by the Monday of the week needed. A 5% discount will be given for payments of 5 weeks or more

A \$100 penalty will be charged for weeks cancelled without a 1-week notification.

We are not accepting cash or checks at this time - all payments will be made electronically.

Questions or concerns - call Sheila Remers - Account Tech, 619-390-2534

Drop off: pull up in front of the theater/main campus entrance. Using your cell phone, call the number listed on the gate - 619-438-8890. Adults will remain in the car. **Please provide your child with a face covering and a water bottle.** Please do not send your child with toys, games, blankets, or any other non-essential items.

Pick-up: pull up in front of the theater/main campus entrance. Using your cell phone, call the number listed on the gate - 619-438-8890. Adults will remain in the car. Your child will be escorted to you by staff - **have a photo ID ready**

Breakfast & Lunches: [Click here for the Sunrise Cafe Breakfast & Summerside Lunch menus](#)

Breakfast and lunch served every day, all summer long

Camp Rotations: Students will not rotate through multiple rooms. Students will remain in their classroom - iPads, cooking, science, art, legos, board/card games, giant gamers, and X-box/Nintendo will be offered. Students will also participate in organized outside activities.

Email completed forms to Jerred Murphy, ESS Manager - jmurphy@lsusd.net

Times, locations, and clubs subject to change

For questions, please contact your ESS Site Lead or ESS Account Tech

Summer Day Camp 2021 – Lakeside Kid Zone

Please email this form & the completed Tuition Express Auto Pay form to Jmurphy@lsusd.net

Student Name: _____ Date of Birth: _____

Grade (next year): _____ School Name (next year): _____

Student Name: _____ Date of Birth: _____

Grade (next year): _____ School Name (next year): _____

Student Name: _____ Date of Birth: _____

Grade (next year): _____ School Name (next year): _____

Parent/Guardian Information: List information in order of call preference

Student lives with: BOTH DAD MOM GUARDIAN

(1) Parent/Guardian Name: _____

Address: _____

Email: _____

Cell: (_____) _____ Other Phone: (_____) _____

(2) Parent/Guardian Name: _____

Address: _____

Email: _____

Cell: (_____) _____ Other Phone: (_____) _____

Emergency Pick-up Information (Person(s) authorized to pick up child):

3) Name: _____ Relationship: _____

Cell Phone: _____ Alternate #: _____

4) Name: _____ Relationship: _____

Cell Phone: _____ Alternate #: _____

5) Name: _____ Relationship: _____

Cell Phone: _____ Alternate #: _____

6) Name: _____ Relationship: _____

Cell Phone: _____ Alternate #: _____

MEDICAL INFORMATION:

Please indicate any medical conditions that the staff should be aware of and/or that would limit your child's activities (i.e., allergies, asthma, injuries, etc.)

If your child needs any medication, please indicate:

Name of Medication: _____ Approx. Time of the Day: _____

Before any medication is to be administered by ESS staff, a completed Physicians Form must be on file.

Please mark (✓) the dates your child will be attending:
(Your child will only be registered for the weeks you have marked.)

All 10 Weeks: June 14– August 18

Week 1: June 15 – June 18**

Week 6: July 19 – July 23

Week 2: June 21 – June 25

Week 7: July 26 – July 30

Week 3: June 28 – July 2

Week 8: Aug 2 – Aug 6

Week 4: July 6 – July 9**

Week 9: Aug 9 – Aug 13

Week 5: July 12 – July 16

Week 10: Aug 16– Aug 18**

Please electronically initial the following “_____” and electrically sign below

_____ I understand that adults will remain in the car during drop-off/pick-up. Drop-off & Pick-up will be in front of the school near the theater. I understand I must call the number provided at the D/O & P/U locations to notify staff and cannot walk onto campus. I understand picture identification may be required by staff before children are released to parents or authorized adults listed on my child's emergency form

_____ I will not send my child to camp with a temp over 100°F. I will not administer fever breaking meds (Tylenol, Ibuprofen) before dropping off. I understand my child must be picked up within 30 minutes if he/she shows signs of illness while at camp

_____ I understand tuition must be paid by Monday of the week needed. Summer Camp tuition is non-refundable and no credits will be given for this special program. A \$100 penalty will be charged for weeks cancelled without a 1-week notification. All payments will be made electronically through your checking or savings account (preferred) or by credit card.

_____ Children receiving three (3) disciplinary notices may be suspended for up to 1 week. A fourth (4) notice will result in exclusion from the remainder of the ESS summer program. Depending on the seriousness of the incident, a single day or immediate exclusion may be enforced.

_____ I understand **picture identification** may be required by staff before children are released to parents or authorized adults listed on my child's emergency form.

Email completed forms to Jerred Murphy, ESS Manager - Jmurphy@lsusd.net

Your signature below satisfies the following requirements:

1) I give my child(ren) permission to participate in all activities for the 2021 Summer Camp ESS Program. 2) I authorize the district to seek necessary medical attention for my child(ren) in the event of an emergency. 3) I understand that there are certain risks involved in program participation and I am willing to assume these for my child myself. 4) I release and hold harmless this program, its employees or agents. 5) By signing I acknowledge that my child will be picked up by 6pm. Children P/U after 6pm will be charged \$1 per minute. 6) My signature confirms that my statements on this form are true.

Date: _____

Parent/Guardian Signature

Please complete the next page - information regarding technology policy & photo release form – MUST HAVE SIGNATURE

Lakeside Union School District

Student Technology Acceptable Use Policy

Students and parents/guardians agree to:

1. Engage in activities that are lawful and school-appropriate.
2. Avoid accessing, posting, submitting, publishing, and/or displaying all inappropriate material, such as those that are threatening, obscene, sexually explicit, or harassing. In addition, students will not use the system to promote the use of drugs, alcohol or tobacco.
3. Show respect for others by not engaging in cyberbullying, and reporting any cyberbullying posted on the Internet, social networking sites, or via other digital technologies such as text messaging.
4. Follow copyright laws by only using work, files, and programs to which permission has been granted.
5. Keep passwords private and secure at all times.
6. Take proper care of district equipment. Vandalism will result in the cancellation of user privileges. Vandalism includes the intentional uploading, downloading, and/or creating computer viruses and/or any malicious attempt to harm or destroy district equipment, materials, or data of any other user.
7. Report any security problems or misuse of services to the teacher, principal, or ESS staff.

Students are allowed to bring approved personal electronic devices to the 2020 ESS/LATER Camp, but must agree to the terms above.

Approved electronic devices include: iPads/tablets, laptop computer, smart phone, iPod.

Students will not be able to share their personal electronics with other students.

Students will only be allowed to use their device during the allowable time set by their staff member.

Students can listen to music, during the allowable time frames set by their staff; however, students must be respectful of the volume level.

Students must have one ear free of headphones/earbud in order to listen to staff direction.

Students may not use their device outside of the classroom.

LUSD ESS staff are not responsible for broken or stolen items.

The principal or designee shall make all decisions regarding whether or not a user has violated these regulations and may deny, revoke, or suspend a user's access at any time. The decision of the principal or designee shall be final.

Parent/Guardian Signature: _____ Date: _____

LUSD Photo Permission Form

The Lakeside Union School District communicates with parents, students, and community members through a variety of methods. Online communications, to include the district and school websites (www.lusd.net), Instagram (@lakesideunion) and Twitter (@LUSDInnovat_Ed), provide a convenient way to stay connected to school events, classroom learning, and important information.

Photographs and/or digital recordings of students are taken periodically in the classroom or at school functions to be used in both online communications and print materials, such as class bulletins, promotional materials, and art projects. To protect student identity, **student names are not used** unless specific permission is obtained for a special purpose.

This consent form grants the Lakeside Union School District permission to publish photos and/or student artwork. I release the Lakeside Union School District and its employees, officials, and agents from any liability of any claims, including without limitation, claims for libel, defamation, invasion of privacy and right of publicity, and infringement of proprietary rights, arising out of or relating to the exercise of rights granted under this consent and release.

This permission stays in effect unless a request in writing is made to the principal or designee that access be revoked.

I give permission to publish photographs of my student and for the above purposes. YES NO

Parent Signature: _____

Date: _____ School: _____



**Automated Payment Processing
Safe – Convenient – Easy**

2021 SUMMER CAMP

We are excited to offer the safety, convenience and ease of Tuition Express® - a payment processing system that allows secure, on-time tuition and fee payments. Payments are made from either your bank account or credit card.

Student Name: _____

Program: ☐ OUT OF DISTRICT ☐ LEAPP ☐ EH ☐ LC ☐ LF ☐ LP ☐ LV ☐ RV ☐ WG ☐ LMS ☐ TDS

Charge: Weekly (tuition is due by the Monday of the week needed)

½ on June 15, ½ on July 19 – Receive a 5% discount If you register and pay for a minimum of 5 weeks in full

Charge Amount: Balance Due (Wkly - only charge amount due for the week, each Monday) (½ - split the balance due in 2 equal payments)

Specific Amount: _____

BANK ACCT. OR CREDIT CARD ON FILE WITH ESS ALREADY:

YES (if yes, sign, date & stop)

NO (if no, complete the rest of this form)

If YES, sign here to acknowledge the new charge dates: Parent Signature: _____

Date: _____

I hereby authorize the Lakeside Union School District - **ESS/LATER/LEAPP Programs** to initiate debit entries to my checking or savings account, (ACH Transactions), indicated below **(SECTION A)** OR, initiate credit card charges to the credit card account referenced on the back of this form **(SECTION B)**. There are **no additional charges for ACH transactions**. As of now the ESS Program will be absorbing the 2.7% credit card fee. I understand that if I sign-up for credit card charges I may be responsible for paying a portion of the fee in the future. It is my understanding that; information will be saved on file, for future transactions on my account. Payments will be made on authorization date or the business day immediately following a weekend or holiday. In the event of failed payments, ESS will make two attempts, at which time I will be contacted. I can cancel this authorization at any time, with a two (2) week written notice. It is my responsibility to cancel this authorization in writing to sremers@lsusd.net. I understand it is my responsibility to update my credit information – expiration date, address, new card, etc. A new form must be completed each school year and every summer.

Advantages to ACH over Credit Card – NO EXTRA FEES to you or the district, automatic monthly bill pay, no info to update

COMPLETE ONE SECTION ONLY

SECTION A (Bank Account) – PREFERRED METHOD

Your Name _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Name of Financial Institution _____
Checking ☐ Savings ☐

Routing Transit Number (9-digits see below) _____ Account Number (see sample below) _____

Authorized Signature _____ Date _____

For Official Use Only

John Sample Mary Sample 123 Nice Street Anytown, USA		BANK OF THE WEST 555-555-5555		00226	
Pay to the order of:		SAMPLE CHECK		\$	
		Deposit slips not accepted		Dollars	
123456789		1800330		0226	
Routing Number		Account Number		Check Number	

A service of



SECTION B (Credit Card)

Cardholder Name		Phone #	
Cardholder Address		City	State Zip
Account Number		CVV Number (3 digits on back of card)	Expiration Date
Cardholder Signature		Date	

In addition to your two (2) week written notice of cancelation, you must complete the bottom portion of this page:

I no longer authorize Lakeside Union School District to initiate automatic debit or credit card charges. I have written and attached my notice of cancelation.

Card Holder Name (Please Print)	
Card Holder Signature	Date
Staff Signature Acknowledging Cancellation	