

Student Name:

# Lakeside Union School District **Extended Student Services Tierra Del SolMiddle School – ASES 2021/22**



After School Only - 2020/21 Registration - Emergency Information - Parent Agreement - Early Release Policy

DOB:

#### **Children Registration & Emergency Information**

G	rade:	Permisson for student to self release						
St	udent Name:	DOB:/						
G	rade:	Permisson for student to self release						
St	udent Name:	DOB:/						
G	rade:	Permisson for student to self release RESPONSIBLE PARTY(S): consible, have full access to account & allowed to make updates)						
	[1] Responsible Party 1							
tact	Phone 1: ( )	Phone 2: ()						
cont								
of	E-mail address require	d:						
order of contact	[2] Responsible Party 2:							
n 0	Phone 1: ()	Phone 2: ()						
be in								
≡ §	E-mail address required:							
up or notification will		Information: Person(s) authorized to pick up (includes above)						
cati		Relationship:						
otifi	Phone (1): ()	Phone (2) ()						
r n	[ <mark>4</mark> ] Name:	Relationship:						
o dr	Phone (1): ()	_Phone (2) ()						
Pick 1	[ <mark>5</mark> ] Name:	Relationship:						
_	Phone (1): ()	Phone (2) ()						
		nditions that the staff should be aware of and/or that would limit gies, asthma, injuries, etc.)						
	ur child needs any medicat							
lam	e of Medication:	Approx. Time of Day:						
efo	re medication is to be adr	ninistered, a completed Physician's Statement form must be on file						
		office use:						

ESS Programs operate as an extension of the school day and all School Rules will be enforced during the program hours. Students receiving three (3) disciplinary notices may be suspended from their current program for up to 1 week. A fourth  $(4^{th})$  notice may result in exclusion from all ESS Programs for the remainder of the current school year, including seasonal camps. Depending on the seriousness of the incident, a single day or immediate exclusion may be enforced. The school principal will also be notified of all incidents, further school discipline may occur

Students are to scan themselves into the computer at the conclusion of the school day and are to be scanned & signed out at the time of release from the LATER Program. Students authorized by parent may release themselves otherwise; students must be signed out on the daily roster by an authorized adult. Check parent files daily for correspondence & notices. If someone, is not listed on the registration form, and will be picking up your child (children), the center must receive authorization in writing prior to pick-up. Emergency information is to be updated when necessary.

In signing below, you acknowledge your understanding of the district policy and legislative intent regarding early release from the LATER Programs at Tierra Del Sol Middle School according to the reasonable excuses listed on the back of this registration form. You also understand your child(ren) should attend the program for the full range of hours every day. Should a student need to leave before 5:30pm, it is mandatory that an Early Release form (back side of registration form) be on file and current at all times. Repeated violations of the Early Release policy will result in the student being removed from the FREE program and placed on the waiting list or the tuition based program - \$150 per month.

An annual non-refundable fee of \$50.00 (\$25 each sibling) is due at registration. A late pick-up fee of \$1.00 per minute will be charged after center closing and is due at the time of pick-up. A fourth (4<sup>th</sup>) late pick-up will constitute exclusion from all Extended Student Services programs. Any child not picked up by 6:30 p.m. will result in the Sheriff Department being called to pick up said child.

I understand that participation in ESS Program will include outdoor activities, and all the risks that accompany such activities. In case of emergency, staff will contact parent/guardian or an emergency contact provided. If immediate hospital attention is needed, staff will call 911. I understand that I will be held responsible for all costs incurred. I therefore waive any claims and agree to release and hold harmless this program, its employees or agents.

Payments not received by the 10th of each month will be charged a late fee of 10% of unpaid balance due. Any tuition left delinquent after the 20th including returned charges, will result in child(ren) being excluded from the program until the delinquency is cleared (all delinquencies must be cleared by credit/debit card). Repeated offenses will result in requirement of credit card payments and/or exclusion from all LATER related programs. In the event of exclusion from the program, your child may be placed on a waiting list to await availability of space.

I have read, understand, and agree to abide by all of the above statements:

Parent Signature Date

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ASES LATER Program LMS School Ho					ASES LA	TER Program TDS S	School Hour	S
M,T,TH,F - 3:05	p.m 6:00 p.m. / W - 1:05 p	.m 6:00	p.m.	M,T,T	,F - 1:50 p	.m 6:00 p.m. / W –	11:50 a.m	6:00p.n
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ES REQUIREME					ion 8483 (a	, ,		
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AITING LIST POL	ICY			LO Sec	.ioii 0403 (a	1/(2)		
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ARENT NAME:				STUDE	NT NAME:			
	Re	eason(s) fo	or Requ	esting Late	Arrival			
Parallel Progra Weather Cond	m 2. Family Emerç	gencies	encies 3. Family			mily Needs her Conditions 4. Medical Appointment 8. Transportation		
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# 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.

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:
	LUCD Dhata Dawnissian Farm	

#### 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.lsusd.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.

give permission to publish photographs of my student and for the above purposes.	YES	NO
Parent Signature:		-
Date:School:		<u>=</u>



OUT OF

DISTRICT

**Student Name:** 

Program:

### Automated Payment Processing Safe – Convenient – Easy

LP

 $\mathsf{LV}$ 

RV

WG

LMS

TDS

## 2021/2022 FORM

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.

LF

LC

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**LEAPP** 

Charge	Monthly	on the 10th - PREFERRED N	METHOD		
Date:	Other:				
Charge Amo	ount: I	Balance Due (Balance from mo	nthly tuition and/or camp charges)		
	S	Specific Amount:			
ANK ACCT. OR		ON FILE WITH ESS ALREADY:	YES (if yes, sign, date & stop)	NO (if no, complete	the rest of this form)
YES, sign here	to acknowled	ge the new charge dates: Parent	Signature:		Date:
savings acc referenced of Program will a portion of Payments w failed paymo (2) week woresponsibilit school year	count, (ACH on the back I be absorbin the fee in the vill be made ents, ESS written notice y to update and every sto ACH over	Transactions), indicated by of this form (SECTION B) ing the 2.7% credit card fee. In the future. It is my understand on the authorization date of the future in the authorization date of the future. It is my responsibility to my credit card information the future of t	trict - ESS/LATER/LEAPP Pro- pelow (SECTION A) OR, initiate. There are no additional char- I understand that if I sign-up for a ding that; information will be saled the business day immediated nich time I will be contacted. I calcancel this authorization in writh expiration date, address, new	e credit card charge rges for ACH transcredit card charges I ved on file, for future y following a weeke an cancel this authoriting to <a href="mailto:sremers@lsu.v">sremers@lsu.v</a> card, etc. A new for	es to the credit card account sactions. As of now the ESS may be responsible for paying e transactions on my account and or holiday. In the event of ization at any time, with a two usd.net. I understand it is my orm must be completed each
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Authorized Sig	gnature				Date
For Official	Use Only	John Sample Mary Sample 123 Nice Street Anytown, USA  Pay to the order of:  #123456789## 1800338#	SAMPLE CHECK  Deposit slips not accepted	Dollars	A service of  Procare  SOFTWARE
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#### **SECTION B (Credit Card)**

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Cardholder Name	Phone #		
Cardholder Address	City	State	Zip
Account Number	CVV Number (3 digits on back of	f card)	Expiration Date
Cardholder Signature		Date	
In addition to vary two (2) week written notice of con-		tom noution of th	ia naga.
In addition to your two (2) week written notice of cand	celation, you must complete the bot	torn portion or tri	is page.
no longer authorize Lakeside Union School District to in	nitiate automatic debit or credit card	charges. I have	e written
and attached my notice of cancelation.			
Card Holder Name (Please Print)			
Cald Holder Name (Flease Film)			
Card Holder Signature	D	ate	
Staff Signature Acknowledging Cancellation			