



# Lakeside Union School District Extended Student Services Lakeside Middle School – PM Program

## 2021/2022 After School - Registration – Emergency Information – Parent Agreement– & Early Release Policy

### Children Registration & Emergency Information

(One form per child is required for program)

Student Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

☐ Permission for student to self-release

### Parent/Guardian Information: (In order of contact)

Child/Children Live with: ☐ Both ☐ Mother ☐ Father

[1] Parent/Guardian Name: \_\_\_\_\_

Phone 1: (\_\_\_\_) \_\_\_\_\_ Phone 2: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

Email Address Required: \_\_\_\_\_

[2] Parent/Guardian Name: (2) \_\_\_\_\_

Phone 1: (\_\_\_\_) \_\_\_\_\_ Phone 2: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

Email Address Required: \_\_\_\_\_

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

[3] Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone (1): (\_\_\_\_) \_\_\_\_\_ Phone (2): (\_\_\_\_) \_\_\_\_\_

[4] Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone (1): (\_\_\_\_) \_\_\_\_\_ Phone (2): (\_\_\_\_) \_\_\_\_\_

[5] Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone (1): (\_\_\_\_) \_\_\_\_\_ Phone (2): (\_\_\_\_) \_\_\_\_\_

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 Day: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Before medication is to be administered, a completed Physician's Statement form must be on file.**

Pick up or notification will be in order of contact

### Attendance and Early Release Policy

In accordance with the California Education Code Section 8483(a)(1)(2)(3), the following attendance and early release regulations for the After School Education and Safety Program (ASES) are required. Also, a periodic review of attendance will be conducted to ensure priority enrollment is given to students who attend daily.

Date Range	ER Reason	MON	TUE	WED	THU	FRI	Parent / Guardian Signature	Date of P/G Signature	Program Leader Initials
8/23/21-6/10/22	1. Parallel Program - Sports + Music + Dance + Drama + PLAY	4:30	4:30	3:30	4:30	4:30			

By signing below you acknowledge you have read, understand, and agree to abide by all of the statements on the reverse side:

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Registration Fee (1<sup>st</sup> child \$50.00 - Adnl child \$25.00)

**YES, I will need morning care. (flat fee of \$150 per month - 6:00am - 8:20am)**

**NO – I will not need morning care**

## Parent/Guardian Agreement & Liability Release:

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 (4th) 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 Lakeside 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 (other 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

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 (4th) 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.

### **2021-2022 ASES – L.A.T.E.R. - Early Release Policy**

ASES LATER Program LMS School Hours		ASES LATER Program TDS School Hours	
M,T,TH,F - 3:05 p.m. - 6:00 p.m. / W - 1:05 p.m. - 6:00 p.m.		M,T,TH,F - 1:50 p.m. - 6:00 p.m. / W – 11:50 a.m.- 6:00p.m.	
ASES Requirements Ed Codes			
ASES REQUIREMENT CODES		EC Section 8483 (a)(1)	
PM - LATE ARRIVAL		EC Section 8483 (1)(a)(1)	
EARLY RELEASE		EC Section 8483 (a)(2)	
WAITING LIST POLICY			
<i>The ASES Program is a grant based program offered at the Lakeside Middle School &amp; Tierra del Sol Middle School ESS L.A.T.E.R. sites and as such, has certain state legislated regulations regarding attendance. First priority shall go to pupils who are identified by the program as homeless youth, as defined by the federal McKinney-Vento Homeless Assistance Act (42 U.S.C. Sec.11434a), at the time that they apply for enrollment or at any time during the school year, and to pupils who are identified by the program as being in foster care. Secondary priority is given to students who attend daily for the duration of the program; wait list students will be given the same priorities. In order for your child to be excused early from the After school program, this form must be signed and updated regularly indicating reason and duration of the authorization for early release.</i>			
PARENT NAME:		STUDENT NAME:	
Reason(s) for Requesting Late Arrival			
1. Parallel Program	2. Family Emergencies	3. Family Needs	4. Medical Appointment
5. Weather Conditions	6. Medical Emergencies	7. Other Conditions	8. Transportation

### **Authorization for Early Release**

#### **Middle School Students**

*It is the intent of the California Legislature that pupils enrolled in the after-school program in middle or junior high school attend a minimum of six hours a week or three days a week. If a middle or junior high school student is unable to attend the minimum number of hours or days, the parent/guardian must complete and submit for approval a request for early release specifying the days and hours the pupil will attend and the reason(s) for requesting early release. First priority shall go to pupils who are identified by the program as homeless youth, as defined by the federal McKinney-Vento Homeless Assistance Act (42 U.S.C. Sec. 11434a), at the time that they apply for enrollment or at any time during the school year, and to pupils who are identified by the program as being in foster care, and to pupils who are eligible for free or reduced-priced meals." For programs serving middle and junior high school pupils, second priority for enrollment will be given to students who can attend the full day every day. Non-compliance with the attendance and early release policy may result in disenrollment from the after-school program.*



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

**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.

**Student Name:** \_\_\_\_\_

Program: OUT OF DISTRICT LEAPP EH LC LF LP LV RV WG LMS TDS  
Charge Date: Monthly on the 10th - **PREFERRED METHOD**  
Other: \_\_\_\_\_

Charge Amount: Balance Due (Balance from monthly tuition and/or camp charges)

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 the 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](mailto:sremers@lsusd.net). I understand it is my responsibility to update my credit card 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 \_\_\_\_\_

Routing Transit Number (9-digits see below) \_\_\_\_\_ Account Number (see sample below) \_\_\_\_\_ Savings \_\_\_\_\_

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	