



# LAKE SIDE UNION SCHOOL DISTRICT

## EXTENDED STUDENT SERVICES

### 2022/2023 REGISTRATION FORM



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

Grade: \_\_\_\_\_ School: Lemon Crest AM Only PM Only BOTH

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

Grade: \_\_\_\_\_ School: Lemon Crest AM Only PM Only BOTH

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

Grade: \_\_\_\_\_ School: Lemon Crest AM Only PM Only BOTH

#### RESPONSIBLE PARTY (S):

(Are financially responsible, have full access to account & allowed to make updates)

[1] Responsible Party 1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone [1]: \_\_\_\_\_ Phone [2]: \_\_\_\_\_

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

E-mail Address Required: \_\_\_\_\_

[2] Responsible Party 2: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone [1]: \_\_\_\_\_ Phone [2]: \_\_\_\_\_

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

E-mail Address Required: \_\_\_\_\_

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

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

Phone [1]: \_\_\_\_\_ Phone [2]: \_\_\_\_\_

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

Phone [1]: \_\_\_\_\_ Phone [2]: \_\_\_\_\_

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

Phone [1]: \_\_\_\_\_ Phone [2]: \_\_\_\_\_

On the line below, indicate any medical / behavioral conditions that the staff should be aware of and/or that would limit your child's activities - allergies, asthma, injuries, IEP, 504plan, etc.

Medication Name: \_\_\_\_\_ Approx. Time: \_\_\_\_\_

Before ESS can administer any medication, a completed Physician's Statement form must be on file

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.

Children are to be accompanied to and from the center and are logged in & out on the computer as well as, signed in and 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, the center must receive authorization in writing prior to pick-up. The authorized adult will need to provide proper identification. Emergency information is to be updated when necessary.

In signing below, you acknowledge your understanding of the district policy and legislative intent regarding late arrival or early release from the Extended Student Services Programs at Lemon Crest Elementary according to the reasonable excuses listed on the back of this registration form. You also understand your child should attend the program the full day, every day. Children will always be released to authorized adults who sign them out early on the daily attendance sign-in sheet stating any of the acceptable reasons for drop off or release. It is mandatory that an Early Release or Late Arrival form be on file and current at all times. Repeated violations of the Late Arrival / Early Release policy will result in the student being removed from the FREE program and placed on the waiting list or on the tuition based program

An annual non-refundable fee of \$50.00 (\$25 each additional child) 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 (children) not picked up by 6:30 p.m. will result in the Sheriff Department being called to pick up said child (children).

Any tuition left delinquent after the 20th including declined auto pay payments, will result in children being excluded from the program until the delinquency is cleared. Repeated offenses will result in exclusion from all Programs – Including Seasonal Camps. In the event of being excluded from the program, your child may be placed on a waiting list to await availability of space.

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 in order of contact. 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.

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

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

Date \_\_\_\_\_

**\*\* Please refer to reverse side for information regarding our Photo Release Policy \*\***

**Split Bill** - This will require 2 separate registration forms – 1 for each parent/guardian

If we do not receive **both** registration forms, we will **not** split the bill.

For Office Use Only:

**\$150 Per Month Flat Fee**

**Grant**

APR. 2022

## 2022-2023 LEMON CREST - Late Arrival / Early Release Policy

LEMON CREST BEFORE SCHOOL HOURS	LEMON CREST AFTER SCHOOL HOURS
Daily From 6:00 a.m. to 7:40 a.m.	M,Tu,Th,F 2:15 p.m. - 6:00 p.m. (Wed 12:15 p.m. – 6:00 p.m.)
<b>MUST DROP OFF BEFORE 7:00 a.m.</b>	<b>MUST PICK UP AFTER 4:15pm (AFTER 3:15 p.m. on Wed)</b>

### ASES Requirements Ed Codes

ASES Req. Program Hrs. of Operation	EC Section 8483 (a)(1)
AM / PM - LATE ARRIVAL	EC Section 8483 (1)(a)(1)
EARLY RELEASE	EC Section 8483 (a)(2)

### WAITING LIST POLICY

The ASES Program is a grant based program offered at Lemon Crest Elementary 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 for late arrival in the Before school program or released early from the After school program, this form must be signed and updated regularly indicating reason and duration of the authorization for late arrival or early release.***

## IMPORTANT PLEASE READ & COMPLETE

**IF YOUR CHILD IS ARRIVING BEFORE 6:20AM &/or LEAVING BEFORE 5:30PM, YOU MUST COMPLETE THE PORTION(S) BELOW**

### 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      |

**By your signature on the front of this registration form you agree to complete the following:**

### ASES Before or After School Late Arrival Form

#### Elementary School Students

It is the intent of the California Legislature that elementary school pupils participate in the full day of the before school program every day during which pupils participate. If an elementary school pupil is unable to attend the before school program for the full range of hours every day, the parent/guardian must complete and submit for approval a request for late arrival and/or early release specifying the days and hours the pupil will attend and the reason(s) for requesting late arrival and/or early release. Non-compliance with the attendance and late arrival and/or early release policy may result in disenrollment from the before school program

**IF YOUR CHILD IS ARRIVING AFTER 6:20AM, YOU MUST COMPLETE THE LATE ARRIVAL BELOW - Students must arrive before 7am**

#### Attendance and Late Arrival Policy

In accordance with the California Education Code Section 8483(1)(a)(1), the following regulations regarding attendance and reasonable late daily arrival of pupils to the Before School Program are required. Also, a periodic review of attendance will be conducted to ensure priority enrollment is given to students who attend daily.

Date Range	LA Reason	MON	TUE	WED	THU	FRI	Parent / Guardian Signature	Date of P/G Signature	Program Leader Initials
<i>Example: 8/22/22– 6/14/23</i>	<i>8. Transportation: One car family with multiple school drop-offs</i>	6:30	6:30	6:30	6:30	6:30		5/6/22	

**IF YOUR CHILD IS LEAVING BEFORE 5:30PM, YOU MUST COMPLETE THE EARLY RELEASE BELOW - Students must stay until at least 4:15pm**

#### 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
<i>Example: 8/22/22 –6/14/23</i>	<i>3. Family Need-Multiple children to be picked up@ multiple sites.</i>	5:15	n/a	5:15	n/a	n/a		5/6/22	

These policies were developed in accordance with the San Diego County Office of Education, Extended Learning Programs Unit

## 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: \_\_\_\_\_

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## 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](http://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/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_ School: \_\_\_\_\_



# LAKESIDE UNION SCHOOL DISTRICT

## EXTENDED STUDENT SERVICES

### 2022/2023 AUTO PAY 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 Monthly on the 10th - **PREFERRED METHOD**

Date: 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

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

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SECTION B (Credit Card)

Cardholder Name			Phone #	
Cardholder Address			City	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	