

# LAKESIDE UNION SCHOOL DISTRICT EXTENDED STUDENT SERVICES 2022/2023 REGISTRATION FORM



Student Nam	e:			DOB:	
Grade:	_ School: <u>Tierra</u>	<u>Del Sol</u>	AM Only	PM Only	вотн
Student Nam	e:			DOB:	
Grade:	School: <u>Tierra</u>	<u>Del Sol</u>	AM Only	PM Only	BOTH
A.M. Program	is \$100/month	P.M. Pro	gram is \$150/mc	onth Both is \$2	250/month
Smal	ASES Grant allo	ws for 30 S	Students to be FF	REE (after school	only)

#### **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:		
Phone [1]:	Phone [2]	
Address:		
E-mail Address Required:		
Emergency Pick-Up Informatio	<b>n</b> : Person(s) authorized to	pick up (includes above)
[3] Name:	Relation	ship:
Phone [1]	Phone [2]	
[4] Name:	Relation	ship:
Phone [1]	Phone [2]	
[5] Name:	Relation	ship:
Phone [1]	Dia [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

 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.

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

**Morning Program:** The A.M. Program will be held at Lindo Park Elementary School. Parents will drop child(ren) off at the LP ESS Center (right side of the new MPR building). Students will be released by 7:30 a.m. and will walk to TDS as a group – there will **not** be a staff member walking with them.

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. Students authorized by parent may release themselves; otherwise, students must be signed out on the daily roster by an authorized adult.

#### Check Box for your student to self-release. Parent must call 619-770-4153 to release child

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. Emergency info. must be updated when necessary.

In signing below, you acknowledge your understanding of the district policy and legislative intent regarding early release from the LATER Program at TDS 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 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.

An annual non-refundable fee of \$50.00 (\$25 each additional sibling) is due at registration. A late pickup 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. may result in the Sheriff Department being called to pick up said child.

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 **

**AM Tuition** 

2022-2023 TIERRA DEL SOL - Early Release Policy								
TDS LATER PROGRAM HOURS	TDS LATER PROGRAM EARLY RELEASE HOURS							
M,T,TH,F - 2:25 p.m 6:00 p.m. / W - 12:25 p.m 6:00 p.m.	MUST PICK UP AFTER 4:00 p.m. on M/T/TH/F / 3 p.m. on W							
ASES Requirem	ents 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								
has certain state legislated regulations regarding attendance. First priority s defined by the federal McKinney-Vento Homeless Assistance Act (42 U.S. during the school year, and to pupils who are identified by the program as b for the duration of the program; wait list students will be given the same p program, this form must be signed and updated regularly indicating reason ar	C. Sec.11434a), at the time that they apply for enrollment or at any time eing in foster care. Secondary priority is given to students who attend daily riorities. In order for your child to be excused early from the After school d duration of the authorization for early release.							
IMPORTANT PLEASE	READ & COMPLETE							
IF YOUR CHILD IS LEAVING BEFORE 5:30PM, Y	OU MUST COMPLETE THE PORTION BELOW							
Reason(s) for Requ	esting Late Arrival							
1. Parallel Program2. Family Emergencies5. Weather Conditions6. Medical Emergencies	3. Family Needs4. Medical Appointment7. Other Conditions8. Transportation							
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 5 days a week and stay until 6pm. A minimum of four days a week and minimum check-out time of 4:00pm/3:00pm on Wednesday is required. If a middle or junior high school student is unable to attend and stay until 6pm, 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. 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 disentolity for enrollment from the after school program.

## **Attendance and Early Release Policy**

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

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
Example: 8/22/22-6/14/23	<ol> <li>Parallel Program – Dance Class off campus</li> </ol>	5:15	n/a [	5:15	n/a	n/a		5/6/22	
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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.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.

I give permission to publish photographs of my student and for the above	ourposes. YES	NO
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Parent/Guardian	Signature:
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Date:

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

# Tuition**LAKESIDE UNION SCHOOL DISTRICT**<br/>EXTENDED STUDENT SERVICES<br/>2022/2023 AUTO PAY FORMTuitionExpress®2022/2023 AUTO PAY FORMExpress®

We are excited to offer the safety, convenience and ease of Tuition Express<sup>®</sup> - 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	Monthl	y on the 10th - F	PREFERRED	METHOD	)						
Date:	Other:										
Charge Amo	ount:	Balance Due (B	alance from	monthly tuit	ion and/or c	amp charges	)				
		Specific Amour	nt:								
BANK ACCT. OR	CREDIT CAR	D ON FILE WITH ES	S ALREADY:	YES (i	f yes, sign, o	date & stop)	NO (	if no, comple	te the rest of t	his form)	

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

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 credit card information – expiration date, address, new card, etc. A new form must be completed each school year and every summer.

Date:

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-di	gits see below)	Account Number (see sample below	I		Savings
Authorized Signature				Data	
Authorized Signature				Date	
Authorized Signature	John Sample Mary Sample	BANK OF THE HEST 555-555-5555	00226	Date	A service of
Authorized Signature For Official Use Only	John Sample Mary Sample 123 Nice Street Anytown, USA		00226	Date	•
	Mary Sample 123 Nice Street Anytown, USA Pay to the		00226	Date	A service of
	Mary Sample 123 Nice Street Anytown, USA	555-555-5555	]_\$	Date	•
	Mary Sample 123 Nice Street Anytown, USA Pay to the	SAMPLE CHECK	00226 \$ Dollars	Date	procare
-	Mary Sample 123 Nice Street Anytown, USA Pay to the	SAMPLE CHECK	]_\$	Date	

# **SECTION B (Credit Card)**

			_
Cardholder Name	Phone #		
Cardholder Address	Cin ,	Zin	
Caldioldel Address	City	Zip	
	-		
Account Number	CVV Number (3 digits on back of ca	rd)	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