



LAKESIDE UNION SCHOOL DISTRICT

EXTENDED STUDENT SERVICES

2023/2024 REGISTRATION FORM



Name: _____ AM Only PM Only Both
DOB: _____ Grade: _____ Gender: _____ School: _____
Name: _____ AM Only PM Only Both
DOB: _____ Grade: _____ Gender: _____ School: _____
Name: _____ AM Only PM Only Both
DOB: _____ Grade: _____ Gender: _____ School: _____

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.

If someone, is **not** listed on the registration form, and will be picking up your child(ren), the center must receive authorization in writing prior to pick-up. Anyone authorized to pick-up will need to provide proper identification. Emergency info. must be updated when necessary.

An annual non-refundable fee of \$50.00 is due at registration, \$25 for each additional child. Any tuition left delinquent after the 20th, including declined auto pay payments, will result in child(ren) being excluded from the program until the delinquency is cleared. Once cleared your child(ren) may be placed on a waiting list to await availability of space.

NEW - PLEASE READ:

We will no longer bill the "projected hours" at the beginning of each month. Instead, you will only be charged for the actual hours used. At the time of registration, your account on file will be charged the registration fee(s) and any outstanding balances. All balances must be cleared before registering for the school year and/or Seasonal Camps. Seasonal Camps will require an additional registration form. All tuition charges will be collected (using the account on file) on the 10th of each month (unless otherwise noted on your Auto Pay Form).

View hours used, Print receipts, Check your balance & Access your end of year statements

Go to MyProcure.com to set up an account using the email address we have on file.

MyProcure.com will send you an email with steps to register.

ESS opens at 6:00AM and closes at 6:00PM. A late pick-up fee of \$1.00 per minute will be charged for any child(ren) not picked up after scheduled program closing. Repeated or extreme late pick-ups may constitute exclusion from all Extended Student Services Programs. **Any child(ren) not picked up by 30 minutes past scheduled program closing may result in the Sheriff's Department being called to pick up said child(ren).** It is the parent's responsibility, to notify the Center as soon as possible of any impending emergency that may constitute a late pick-up.

I understand that participation in the 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 the order of contact. If immediate attention is needed, staff will call 911 and a staff member will travel with child in the event of the parent's absence. 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 - 50% on Responsible Party # 1 & 50% on Responsible Party #2. This will require 2 separate registration forms - 1 for Responsible Party # 1 & 1 for Responsible Party # 2.

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

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: _____

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 purposes. YES NO

Parent Signature: _____

Date: _____ School: _____



LAKESIDE UNION SCHOOL DISTRICT EXTENDED STUDENT SERVICES 2023/2024 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. 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**

Phone #: _____

Name on Account _____

Address _____

City _____

State _____

Zip _____

Name of Financial Institution _____

Routing Transit Number (9-digits see below) _____

Account Number (see sample below) _____

Checking ☐

Savings ☐

Authorized Signature _____

Date _____

CHANGE BANKING ACCOUNT FROM ABOVE INFORMATION

Overrides Authorization #1)

Phone #: _____

Name on Account _____

Name of Financial Institution _____

Routing Transit Number (9-digits see below) _____

Account Number (see sample below) _____

Authorized Signature _____

Date _____

Checking ☐

Savings ☐

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SECTION B (Credit Card)

Card Holder Name:				Phone #		
Cardholder Address: :				City:	Zip	
Account Number	—	—	—	CVV:	Expire Date:	
					Date	
Cardholder Signature						
Change/Update information on Card - #1 - Overrides Prior Authorization:						

SECTION B (Credit Card) CHANGE #1

Card Holder Name:				Phone #		
Cardholder Address				City	Zip	
Account Number:	—	—	—	CVV:	Expire Date:	
					Date:	
Cardholder Signature						
Change/Update information on Card - #2 - Overrides Prior Authorization:						

SECTION B (Credit Card) CHANGE #2

Cardholder Name				Phone #		
Cardholder Address				City	Zip	
Account Number:	—	—	—	CVV:	Expire Date:	
					Date:	
Cardholder Signature						
Change/Update information on Card - #3 - Overrides Prior Authorization:						

SECTION B (Credit Card) CHANGE #3

Cardholder Name				Phone #		
Cardholder Address				City	Zip	
Account Number:	—	—	—	CVV:	Expire Date:	
					Date:	
Cardholder Signature						

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)	Date
Card Holder Signature	Staff Signature Acknowledging Cancellation