

Name:

LAKESIDE UNION SCHOOL DISTRICT EXTENDED STUDENT SERVICES 2024/2025 REGISTRATION FORM

Both



DOB:		Grade 2024/25:	Gender:	School _ 2024/25:	
Name	e:		AM Only	PM Only	Both
DOB:		Grade 2024/25:	Gender:	School _ 2024/25:	
Name	2:		AM Only	PM Only	Both
DOB:		Grade 2024/25:	Gender:	School _ 2024/25:	
	(Are financially r		ONSIBLE PARTY (S): full access to account &	allowed to make up	odates)
S	[1] Responsible	Party 1:		_ Relationship:	
Pick up or notification will be in order of numbered contacts	Phone [1]:		Phone [2]		
d cor					
bere	E-mail Address	Required:			
unu	[2] Responsible	Party 2:		Relationship:	
er of	Phone [1]:		Phone [2]		
orde	Address:				
<mark>be in</mark>					
Will	Emergency Pick	c-Up Information:	Person(s) authorized to	pick up (includes ab	ove)
tion	[3] Name:		Relation	ship:	
tifica	Phone [1]		Phone [2]		
r no	[4] Name:		Relation	nship:	
o dn	Phone [1]		Phone [2]		
Pick Pick	[5] Name:		Relation	nship:	
	Phone [1]		Phone [2]		
			havioral conditions that s - allergies, asthma, inj		
			a completed Physician's		

AM Only

PM Only

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.

Emergency information must be updated when necessary. If you wish to add emergency pick up individuals, the ESS Lead and/or Assistant must receive authorization in writing prior to pick-up. Anyone authorized to pick-up will need to provide proper identification.

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:

THE ESS PROGRAM WILL ONLY BE ABLE TO OPERATE ON THE DREAM ACADEMY CAMPUS IF WE MEET THE MINIMUM AMOUNT OF PAYING (OR GRANT FUNDED) STUDENTS ATTENDING EACH DAY.

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).

To View hours used, Print receipts, Check your balance & Access your end of year statements...
Go to MyProcare.com to set up an account using the email address we have on file.

MyProcare.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 **

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 Pho	to Permission Form	
through a variety of methods. Online commun	ates with parents, students, and community members ications, to include the district and school websites and Twitter (@LUSDInnovat_Ed), provide a convenient value in the important information.	way
functions to be used in both online communications	ents are taken periodically in the classroom or at school ations and print materials, such as class bulletins, otect student identity, student names are not used unlarpose.	
artwork. I release the Lakeside Union School D liability of any claims, including without limitat	chool District permission to publish photos and/or stude district and its employees, officials, and agents from any tion, claims for libel, defamation, invasion of privacy an ary rights, arising out of or relating to the exercise of rig	r d
This permission stays in effect unless a request be revoked.	in writing is made to the principal or designee that acce	ess
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 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.

21 ODEN	I IVAIVI	E:									
Program:	OUT OF DISTRICT	LEAPP	EH	LC	LF	LP	LV	RV	WG	LMS	TD
Charge	Monthly	on the 10th - I	PREFERRE	METHOD)						
Date:	Other:										
Charge Amo	ount:	Balance Due (E	salance from	monthly tuit	ion and/or o	camp charges)				
		Specific Amou	nt:								
ANK ACCT. OR	CREDIT CARI	ON FILE WITH ES			f yes, sign,	date & stop)	NO (if	no, complete	the rest of thi	s form)	
I hereby au savings acc referenced of Program will paying a po account. Pa event of fail with a two understand be complete Advantages	thorize the count, (ACI on the bac I be absorrtion of the yments will ed paymer (2) week it is my reed each solution ACH over the ACCOUNT, and Accou	dge the new charge Lakeside Unice Haransactions k of this form (bing the 2.7% of fee in the futual be made on the futual beautiful more with the futual beautiful more considered and the futual beautiful form of the futual beautiful for of the futual beautiful fo	on School I), indicated SECTION credit card re. It is my he authoriz ake two att . It is my update my very summ - NO EXT	District - Ed below (SB). There fee. I und y understar zation date tempts, at y responsificredit cardier.	SS/LATE ECTION are no a erstand the ding that or the bi which time bility to	R/LEAPP I A) OR, ini dditional c nat if I sign ; informatio usiness day e I will be c cancel this ion – expira	tiate credit charges fo -up for cre n will be so y immediat contacted. It authoriza ation date,	card charge r ACH trans dit card char aved on file, ely following can cancel tion in writi address, nev ic monthly b	ebit entries es to the consactions. A rges I may for future to a weekend this authorizing to srer w card, etc.	redit ca s of no be resp ransactid or holid zation a mers@ls	ord accour ow the ES consible for fons on m iday. In the at any time susd.net.
Address						City		State	-	Zip	
Name of Fina	ncial Institutio	n			Routing	g Transit Num	ber (9-digits s	ee below) Ac	count Number	· (see san	nple below)
									Check	king	Savings
Authorized Si CHANGE BAN Overides Au	KING ACCO	UNT FROM ABOV	/E INFORMA	ATION			Phone	eate	_		
Name on Acco	ount							<i></i>			
Name of Finance	cial Institution				Routing	Transit Numb	per (9-digits se	ee below) Acc	count Number	(see sam	ple below)
Authorized Si	anature						Date		_ Check	ng	Savings
For Officia	<u> </u>				John Sample Mary Sample		BANK OF THE MEST 555-5555	00226	,	A service	e of
					123 Nice Stre Anytown, US	y to the Attach Voider of:	ded Check Here	s			
					ş -	Deposit sli	ps not accepted	Dollars		proca	re
					112345678 Routing Num		226 Number	Copyi	right Procare S	SOFTWAR	SE®

SECTION B (Credit Card) Card Holder Name: Phone # Cardholder Adress: : City: Zip Expire Date: **Account Number** CVV: 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 CVV: Account Number: Expire Date: Date: Cardholder Signature Change/Update information on Card - #2 - Overrides Prior Authorization: SECTION B (Credit Card) CHANGE #2 Cardholder Name Phone # Zip Cardholder Address City 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 # City Zip Cardholder Address CVV: Expire Date: Account Number: 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

Lakeside Union School District

Extended Student Services

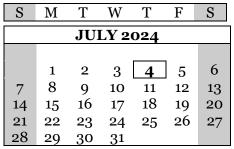
9726 Riverview Ave, Lakeside, CA 92040 (619) 390-2534

2024-2025 School Year

	2027-2020 GCHOOL Teal																	
HRS	1st Child Rate	2nd Child 10% Disc	HRS	1st Child Rate	2nd Child 10% Disc	HRS	1st Child Rate	2nd Child 10% Disc	HRS	1st Child Rate		d Child % Disc	HRS	1st Child Rate	2nd Child 10% Disc	HRS	1st Child Rate	2nd Child 10% Disc
1-10	\$100.00	\$ 90.00	22	\$172.00	\$ 154.80	34	\$244.00	\$ 219.6	46	\$310.00	\$ 2	279.00	58	\$370.00	\$ 333.00	70	\$420.00	\$ 378.00
11	\$106.00	\$ 95.40	23	\$178.00	\$ 160.20	35	\$250.00	\$ 225.0	47	\$315.00	\$ 2	283.50	59	\$375.00	\$ 337.50	71	\$424.00	\$ 381.60
12	\$112.00	\$ 100.80	24	\$184.00	\$ 165.60	36	\$256.00	\$ 230.4	48	\$320.00	\$ 2	288.00	60	\$380.00	\$ 342.00	72	\$428.00	\$ 385.20
13	\$118.00	\$ 106.20	25	\$190.00	\$ 171.00	37	\$262.00	\$ 235.8	49	\$325.00	\$ 2	292.50	61	\$384.00	\$ 345.60	73	\$432.00	\$ 388.80
14	\$124.00	\$ 111.60	26	\$196.00	\$ 176.40	38	\$268.00	\$ 241.2	50	\$330.00	\$ 2	297.00	62	\$388.00	\$ 349.20	74	\$436.00	\$ 392.40
15	\$130.00	\$ 117.00	27	\$202.00	\$ 181.80	39	\$274.00	\$ 246.6	51	\$335.00	\$ 3	301.50	63	\$392.00	\$ 352.80	75	\$440.00	\$ 396.00
16	\$136.00	\$ 122.40	28	\$208.00	\$ 187.20	40	\$280.00	\$ 252.0	52	\$340.00	\$ 3	306.00	64	\$396.00	\$ 356.40	76	\$444.00	\$ 399.60
17	\$142.00	\$ 127.80	29	\$214.00	\$ 192.60	41	\$285.00	\$ 256.5	53	\$345.00	\$ 3	310.50	65	\$400.00	\$ 360.00	77	\$448.00	\$ 403.20
18	\$148.00	\$ 133.20	30	\$220.00	\$ 198.00	42	\$290.00	\$ 261.0	54	\$350.00	\$ 3	315.00	66	\$404.00	\$ 363.60	78	\$452.00	\$ 406.80
19	\$154.00	\$ 138.60	31	\$226.00	\$ 203.40	43	\$295.00	\$ 265.5	55	\$355.00	\$ 3	319.50	67	\$408.00	\$ 367.20	79	\$456.00	\$ 410.40
20	\$160.00	\$ 144.00	32	\$232.00	\$ 208.80	44	\$300.00	\$ 270.0	56	\$360.00	\$ 3	324.00	68	\$412.00	\$ 370.80	80	\$460.00	\$ 414.00
21	\$166.00	\$ 149.40	33	\$238.00	\$ 214.20	45	\$305.00	\$ 274.5	57	\$365.00	\$ 3	328.50	69	\$416.00	\$ 374.40			
	Students p	resent fron	1 1-1	0 hrs will be	charged	the mi	inimum rate	e. All times	are k	oased on min	utes	of usa	ge &	are rounde	d at the con	iclus	ion of the n	nonth
	Important	Dates to R	eme	ember		SCE	HOOL S	CHED	IIF	ς					R NON-SCI			
Augu	st 19, 2024		1st D	ay of School		<u> </u>	IOOL 3	CITLD	JLL.	<u> </u>					ay			
June	12, 2025			ay of School			RELEASED 2 H					ш					•	•
	MIN	VIMUM DA	YS							h)8:35a - 3:00p	40							
	Sent	ember 27, :	2024	ı						h)7:50a - 2:15p	4.							·
	•	ber 8 - 11,			LAKESIDE FARMS(tk&k)8:50a - 2:45p & (1st-5th)8:50 - 3:05p LINDO PARK(tk&k)7:45a-2:10p & (1st-5th)7:45a - 2:10p											•		
D	ecember 12	•													ng Day			_
	March 13 &		•							h)8:10a - 2:35p		₽		•	nt			
		1ay 23, 202	•	o omy)						st)8:30a - 2:55p	Z				coln			
		ine 12, 202								h)8:40a - 3:05p		A			shington			
		,,								h)8:00a - 2:25p								
							RELEASED 2 HO						Mem	norial Day			M	lay 26, 2025
INOn-	-school can	nps are no	ot pa	rt of any of	Every L	JSD	school op	perates of	n a r	minimum								
tne	regular scr	nooi year	bro	grams and	day on \	Nedr	nesdays. S	See abo	ve fo	r your					CAMPS A			
	charged	_									3 Da		•		Mon		•	
	attendance at a weekly camp rate to be determined. A discount will be given subject to change - Check school office for									И	/INT	ER BREA	K DAYS O	F O	<u>PERATIOI</u>	V:		
	determined. At discount will be given						arige - Ci	IECK SCII	JUI U	ilice ioi	_							
	for siblings. Please contact your ESS times) Center for non-school rates. There is A non-refundable registration of \$50.00 pe								Wee									
					A non-re	efunc	lable regis	stration of	of \$50	0.00 per					K DAYS O			
) registrat		•		year is o	lue a	t the time	of regis	ratio	n for the	Week 1April 7 - 11, 2025 Week 2(MON - TH)April 14 - 17, 2025							
	mer Cam	p due at	the	e time of			s a \$25.0				Wee	k 2						14 - 17, 2025
regis	stration					•	·								SUMMER (
					audilion	ai Cil	ild in sam	e ranniy			Regi	ınnıng .	June	16, 2025			=naing Augi	ust 15, 2025

EXTENDED STUDENT SERVICES CLOSURES & OTHER IMPORTANT DATES

2 LAKESTIE 24-2 LAKESTIE 25



	OCTOBER 2024											
23												
		1	2	3	4	5						
6	7	8	9	10	<i>11</i>	12						
13	14	15	16	17	18	19						
20	21	22	23	24	25	26						
27	28	29	30	31								

	JANUARY 2025											
18												
			1	2	3	4						
5	6	7	8	9	10	11						
12	13	14	15	16	17	18						
19	20	21	22	23	24	25						
26	27	28	29	30	31							

	APRIL 2025											
11												
		1	2	3	4	5						
6	7	8	9	10	11	12						
13	14	15	16	17	18	19						
20	21	22	23	24	25	26						
27	28	29	30									

S	M	T	W	T	F	S					
AUGUST 2024											
10											
				1	2	3					
4	5	6	7	8	9	10					
11	12	13	14	15	16	17					
18	19)	20	21	22	23	24					
25	26	27	28	29	30						

	NOVEMBER 2024											
14												
					1	2						
3	4	5	6	7	8	9						
10	11	12	13	14	15	16						
17	18	19	20	21	22	23						
24	25	26	27	28	29	30						

	FEBRUARY 2025										
18											
						1					
2	3	4	5	6	7	8					
9	10	11	12	13	14	15					
16	17	18	19	20	21	22					
23	24	25	26	27	28						

	MAY 2025										
21											
				1	2	3					
4	5	6	7	8	9	10					
11	12	13	14	15	16	17					
18	19	20	21	22	23	24					
25	26	27	28	29	30	31					

S	M	Т	W	T	F	S
	SE	PTE	MBE	R 20)24	
20						
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	<i>27</i>	28
29	30					

DECEMBER 2024								
15								
1	2	3	4	5	6	7		
8	9	10	11	<i>12</i>	13	14		
15	16	17	18	19	20	21		
22	23	24	25	26	27	28		
29	30	31						

MARCH 2025							
21						1	
2	3	4	5	6	7	8	
9	10	11	12	13	14	15	
16	17	18	19	20	21	22	
23	24	25	26	2 7	28	29	
30	31						

JUNE 2025							
9							
1	2	3	4	5	6	7	
8	9	10	11	(12)	13	14	
15	16	17	18	19	20	21	
22	23	24	25	26	27	28	
29	30						

ESS CLOSED

Independence Day - July 4 & 5, 2024

Camp Tear Down & Site Set Up - August 2, 2024

Labor Day - September 2, 2024

Non Student Day - November 1, 2024

Veteran's Day - November 11, 2024

Winter Break - December 23, 2024 - January 3, 2025

Martin Luther King Day - January 20, 2025

Staff Development Day - January 31, 2025

Presidents Day (Lincoln) - February 10, 2025

Presidents Day (Washington) - February 17, 2025

Good Friday - April 18, 2025

Monday after Easter - April 21, 2025

Memorial Day -May 26, 2025

Camp Set up - June 13, 2025

ESS CAMPS

Thanksgiving - November 25-27, 2024 Spring Break - April 7-17, 2025 Summer Camp - June 16 - August 15, 2025

SCHOOL MINIMUM DAYS ESS IS OPEN AT DISMISSAL

All Schools - September 27, 2024 All Schools - October 8-11, 2024

Elementary Schools - December 12 & 13, 2024

Elementary Schools - March 13-14, 2025

All Schools - May 23, 2025

All Schools - June 12, 2025