

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



Name:		AM Only	PM Only	Both
DOB:	Grade 2024/25:	Gender:	School 2024/25:	
Name:		AM Only	PM Only	Both
DOB:	Grade 2024/25:	Gender:	School _ 2024/25:	
Name:		AM Only	PM Only	Both
DOB:	Grade 2024/25:	Gender:	School 2024/25:	

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:	
	Relationship:
Phone [1]:	Phone [2]
Address:	
	n: 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.

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:

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.

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
on file	** Please refer to reverse side for information regarding of	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:AA	

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
	163	110

Parent Signature: _____

Date: ______ School: ______

TuitionLAKESIDE UNION SCHOOL DISTRICT
EXTENDED STUDENT SERVICES
AUTO PAY FORMTuitionExpress®Express®

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.

TDS

Date:

Copyright Procare Software 1/29/2015

STUDENT NAME: OUT OF Program: WG LMS LEAPP EH LC LP LV RV LF DISTRICT Monthly on the 10th - PREFERRED METHOD Charge Date: Other: Balance Due (Balance from monthly tuition and/or camp charges) Charge Amount: Specific Amount: BANK ACCT. OR CREDIT CARD ON FILE WITH ESS ALREADY: NO (if no, complete the rest of this form) YES (if yes, sign, date & stop)

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 responsibility to cancel this authorization in writing to <u>sremers@lsusd.net</u>. 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)	Accou	nt Number (see sa	ample below)
			Checking	Savings
Authorized Signature CHANGE BANKING ACCOUNT FROM ABOVE INFORMATION	Date			
Overides Authorization #1)				
	Phone #:			
Name on Account				
Name of Financial Institution	Routing Transit Number (9-digits see below)	Accour	nt Number (see sa	mple below)
			Checkng	Savings
Authorized Signature	Date		A servi	ice of
For Official Use Only	John Sample Interaction Control Contro			
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ting Number Account Number

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SECTION B (Credit Card)

Card Holder Name:	Phone #				
Cardholder Adress: :	City:	Zip			
Account Number – – –	CVV:	Expire Date:			
Cardhaldar Signatura		Date			
Cardholder Signature Change/Update information on Card - #1 - Overrides Prior Authorization: SECTION B (Credit Card) CHANGE #1					
Card Holder Name:	Phor	ie #			
Cardholder Address	City	Zip			
Account Number:	CVV:	Expire Date:			
		Data			
Cardholder Signature		Date:			
hange/Update information on Card - #2 - Overrides Prior Authorization:					
ECTION 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: ECTION B (Credit Card) CHANGE #3					
Cardholder Name	Phone	e #			
ardholder Address	City	Zip			
Account Number:	CVV:	Expire Date:			
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ardholder Signature		540.			
-					
n addition to your two (2) week written notice of cancelation, you must comp	Note the better parties 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

								202	-4-	2025 3	5611	ool year									
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1-10	\$100.00	\$ 90.00	22	\$172.00	\$	154.80	34	\$244.00	\$	219.60	46	\$310.00	\$ 2	279.00	58	\$370.00	\$ 333.00	70	\$420.00	\$3	78.00
11	\$106.00	\$ 95.40	23	\$178.00	\$	160.20	35	\$250.00	\$	225.00	47	\$315.00	\$ 2	283.50	59	\$375.00	\$ 337.50	71	\$424.00	\$3	81.60
12	\$112.00	\$ 100.80	24	\$184.00	\$	165.60	36	\$256.00	\$	230.40	48	\$320.00	\$ 2	288.00	60	\$380.00	\$ 342.00	72	\$428.00	\$3	85.20
13	\$118.00	\$ 106.20	25	\$190.00	\$	171.00	37	\$262.00	\$	235.80	49	\$325.00	\$ 2	292.50	61	\$384.00	\$ 345.60	73	\$432.00	\$3	88.80
14	\$124.00	\$ 111.60	26	\$196.00	\$	176.40	38	\$268.00	\$	241.20	50	\$330.00	\$ 2	297.00	62	\$388.00	\$ 349.20	74	\$436.00	\$3	92.40
15	\$130.00	\$ 117.00	27	\$202.00	\$	181.80	39	\$274.00	\$	246.60	51	\$335.00	\$ 3	301.50	63	\$392.00	\$ 352.80	75	\$440.00	\$3	96.00
16	\$136.00	\$ 122.40	28	\$208.00	\$	187.20	40	\$280.00	\$	252.00	52	\$340.00	\$ 3	306.00	64	\$396.00	\$ 356.40	76	\$444.00	\$3	99.60
17	\$142.00	\$ 127.80	29	\$214.00	\$	192.60	41	\$285.00	\$	256.50	53	\$345.00	\$ 3	310.50	65	\$400.00	\$ 360.00	77	\$448.00	\$4	03.20
18	\$148.00	\$ 133.20	30	\$220.00	\$	198.00	42	\$290.00	\$	261.00	54	\$350.00	\$ 3	315.00	66	\$404.00	\$ 363.60	78	\$452.00	\$4	06.80
19	\$154.00	\$ 138.60	31	\$226.00	\$	203.40	43	\$295.00			55	\$355.00					\$ 367.20	79	\$456.00	\$4	10.40
20	\$160.00	\$ 144.00	32	\$232.00	\$	208.80	44	\$300.00	\$	270.00	56	\$360.00	\$ 3	324.00	68	\$412.00	\$ 370.80	80	\$460.00	\$4	14.00
21	\$166.00	\$ 149.40	33	\$238.00	\$	214.20	45	\$305.00	\$	274.50	57	\$365.00	\$ 3	328.50	69	\$416.00	\$ 374.40				
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	Important	Dates to R	leme	mber							IEG	c			НС	LIDAYS &	NON-SC	НОС	OL DAYS		
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June	12, 2025	L	.ast D	ay of School		STUDEN	'S ARE	RELEASED 2 HO	OUR.	S EARLY EAG	CH WE	DNESDAY		ш	Labo	or Day			Septem	ber 2	2, 2024
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		ine 12, 202			LMS(6th-8th)8:40a - 3:05p					residents – Washingtoni ebidary											
	00	110 12, 202	.0		TDS)8:00a - 2:25p	Good FridayApril 18, 202					s, 2025			
						<u>STUDENT</u>	<u>'S ARE</u>	RELEASED 2 HO	OUR.	S EARLY EAG	CH WE	DNESDAY			Mem	orial Day			M	ay 26	, 2025
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Center for non-school rates. There is				A non-refundable registration of \$50.00 per							NG BREAP										
\$100	registrat	ion fee	per	child for	ve	ar is dı	le a	t the time	of	registra	atior	norme i				(MO			-		
Sum	mer Cam	o due at	t the	e time of									Wee	k 2		(MON				4 - 17	7, 2025
regis	tration				1st child, plus a \$25.00 fee for each 2025 SUMMER CAMP																
	regionation					Iditiona	I chi	ild in sam	e f	amily.			Begi	nning .	June	16, 2025			Ending Augu	ust 15	5, 2025

EXTENDED STUDENT SERVICES CLOSURES & OTHER IMPORTANT DATES

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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 CLOSED

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

Due to the amount of local & legal holidays in 2024/25, ESS will be closed for both weeks of Winter Camp