

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



Stude	ent Name:	_	DOB:		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
Grad 2024/2	le <sub>5:</sub> Gender:	AM Only	PM Only	вотн	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
Stud	ent Name:		DOB:		incident, a single day or immediate exclusion may be enforced. The school principal will also be notified
Grad 2024/2	e <sub>5:</sub> Gender:	AM Only	PM Only	вотн	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
Stud	ent Name:		DOB:		well as, signed in and out on the daily roster by an authorized adult. Check parent files daily for
Grad 2024/2	le <sub>25:</sub> Gender:	AM Only	PM Only	вотн	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.
	(Are financially responsible, have				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 Lindo Park
acts	[1] Responsible Party 1: Phone [1]:				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
ed cont	Address:				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
bere	E-mail Address Required:				will result in the student being removed from the FREE program and placed on the waiting list or on the tuition based program
unu	[2] Responsible Party 2:		Relationship:_		The ESS Program will not charge a registration fee this year! A late pick-up fee of \$1.00 per minute will
be in order of numbered contacts	Phone [1]:				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
n or	Address:				up by 6:30 p.m. will result in the Sheriff Department being called to pick up said child (children).
	E-mail Address Required:				Any tuition left delinquent after the 20th including declined auto pay payments, will result in children
liw C	Emergency Pick-Up Information	: Person(s) authorized to	oick up (includes a	ibove)	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
ation	[3] Name:				the program, your child may be placed on a waiting list to await availability of space.
tific	Phone [1]	Phone [2]			I understand that participation in ESS Program will include outdoor activities, and all the risks
or no	[4] Name:	Relation	ship:		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
Pick up or notification will	Phone [1]	Phone [2]			will call 911. I understand that I will be held responsible for all costs incurred. I therefore waive any
Pick	[5] Name:	Relation	ship:		claims and agree to release and hold harmless this program, its employees or agents.
	Phone [1]	Phone [2]			I have read, understand, and agree to abide by all of the above statements:
	line below, indicate any medical / bor that would limit your child's activiti				
Medic	ation Name:	,	Approx. Time:		Parent/Guardian Signature Date ** Please refer to reverse side for information regarding our Photo Release Policy **
Before	ESS can administer any medication,	a completed Physician's S	tatement form mu	ist be on file	

### 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.

l give permission to publish photog	graphs of my student and for the above purposes.	YES	NC
Parent/Guardian Signature:			
Date:	School:		



## LEMON CREST ELEMENTARY Late Arrival Policy

2024/2025



LC ELEMENTARY PROGRAM HOURS Start Time 6:00 a.m. End Time: 7:50a.m.

LC ESS PROGRAM LATE ARRIVAL HOURS
MUST DROP OFF BEFORE 7:00 a.m.
complete the chart below if
vou will be needing the morning program

**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.

#### **Elementary School Students**

"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, to pupils who are identified by the program as being in foster care, and to pupils who are eligible for free or reduced-priced meals" [EDC 8483(c)(1)(A)].

It is the intent of the California Legislature that elementary school pupils "participate in the full day of the program every day during which pupils participate" [EDC 8483(a)(2)].

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 specifying the days and hours the pupil will attend and the reason(s) for requesting a late arrival [EDC 8483(a)(1)(B)]. Non-compliance with the attendance and late arrival policy may result in disenrollment from the before school program.

#### IF YOU NEED MORNING CARE - ACTION REQUIRED

You must complete the chart below - What time will you be dropping off - must be before 7AM

#### Reason(s) for Requesting Late Arrival

1. Parallel Program	2. Family Emergencies	3. Family Needs	4. Medical Appo	ointment
5. Weather Conditions	6. Medical Emergencies	- <b>*</b>		

Date Range	LA Reason	Mon	Tues	Wed	Thurs	Fri	Parent/ Guardian Signature	Date of P/G Signature	Program Leader Initials
Example: 08/19/24-6/12/25	3. Family Needs	6:30am	6:30am	6:30am	6:30am	6:30am	Jane Doe	8/2/24	

#### **ASES Authorization for Late Arrival**

Student Name:

By signing below, I am acknowledging the intent of the California Legislature and the California Education Code; I attest that the Late Arrival authorization information is true to the best of my knowledge and I am aware of potential consequences associated with non-compliance of the ASES attendance and Late Arrival requirements.

	9.5.5.5
Parent/Guardian signature:	Date:

Grade:



## LEMON CREST ELEMENTARY Early Release Policy

2024/2025



#### LC ELEMENTARY PROGRAM HOURS

M,T,TH,F - 2:15 p.m. - 6:00 p.m. Wed. - 12:15 p.m. - 6:00 p.m

#### LC ESS PROGRAM EARLY RELEASE HOURS

MUST PICK UP AFTER 4:00 p.m. on M/T/TH/F After 3:00 p.m. on Wednesdays

complete the chart below if

you will be needing the afternoon program

#### 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. A periodic review of attendance will be conducted to ensure priority enrollment aligns with Education Code and is given to students who attend daily.

#### **Elementary School Students**

"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, to pupils who are identified by the program as being in foster care, and to pupils who are eligible for free or reduced-priced meals" [EDC 8483(c)(1)(A)].

It is the intent of the California Legislature that elementary school pupils "participate in the full day of the program every day during which pupils participate" [EDC 8483(a)(2)].

If an elementary school pupil is unable to attend the after school program for the full range of hours every day, 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 [EDC 8483(a)(1)(B)]. Non-compliance with the attendance and early release policy may result in disenrollment from the after school program.

#### IF YOU NEED AFTER SCHOOL CARE - ACTION REQUIRED

You must complete the chart below - What time will you be picking up - must be after 4PM

#### Reason(s) for Requesting Early Release

1. Parallel Program	2. Family Emergencies	3. Family Needs	4. Medical Appointments
<ol><li>Weather Conditions</li></ol>	<ol><li>Medical Emergencies</li></ol>	<ol><li>Other Condition</li></ol>	ns 8. Transportation

Date Range	ER Reason	Mon	Tues	Wed	Thurs	Fri	Parent/ Guardian Signature	Date of P/G Signature	Program Leader Initials
Example: 08/19/24-6/12/25	1. Parallel Program- Sports Activity	5:15pm	4:00pm	5:15pm	4:00pm	4:00pm	Jane Doe	8/2/24	

#### **ASES Authorization for Early Release**

Ctudent Name

By signing below, I am acknowledging the intent of the California Legislature and the California Education Code; I attest that the Early Release authorization information is true to the best of my knowledge and I am aware of potential consequences associated with non-compliance of the ASES attendance and Early Release requirements.

Student Name.	Grade
Parent/Guardian signature:	Date:

Crada



# 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.

210DEM	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	<del>-</del>	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 <del>-</del>	Deposit sli	ps not accepted	Dollars		procal	re
					112345678 Routing Num		226 Number	Copvi	right Procare S	SOFTWAR	SE®

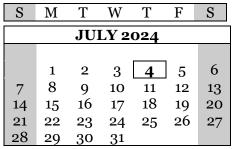
#### **SECTION B (Credit Card)** Card Holder Name: Phone # Cardholder Adress: : City: Zip Expire Date: **Account Number** CVV: Date Cardholder Signature Change/Update information on Card - #1 - Overrides Prior Authorization: **SECTION B (Credit Card) CHANGE #1 Card Holder Name:** Phone # Cardholder Address 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

### 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	<b>19</b> )	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			
SEPTEMBER 2024									
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	<b>26</b>	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	<b>2</b> 7	28	29	
30	31						

JUNE 2025								
9								
1	2	3	4	5	6	7		
8	9	10	11	<b>(12)</b>	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