



# LAKESIDE UNION SCHOOL DISTRICT

## EXTENDED STUDENT SERVICES

### 2024/2025 REGISTRATION FORM



Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Grade \_\_\_\_\_ Gender: \_\_\_\_\_ AM Only PM Only BOTH  
2024/25: \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Grade \_\_\_\_\_ Gender: \_\_\_\_\_ AM Only PM Only BOTH  
2024/25: \_\_\_\_\_

**Lakeside Middle School - A.M. Program is \$150/month P.M. Program is FREE**  
**After School Sports/music/dance/theater/etc. is FREE**

#### 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

**Morning Program:** The A.M. Program is tuition based. Parents will drop off at the ESS Admin Office - 9726 Riverview Ave. Students will sign themselves in. Students will be released to class by 8:35 a.m.

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 619-438-8890 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 LMS 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.**

**The ESS Program will not charge a registration fee this year!** A late pick-up 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 \*\***

**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.**

**For Office Use Only:**

**AM Tuition**

**PM Tuition**

**PM Grant**

Jan. 2024

Pick up or notification will be in order of numbered contacts



# LAKESIDE MIDDLE SCHOOL

## Early Release Policy

### 2024/2025



#### LMS LATER PROGRAM HOURS

M,T,TH,F - 3:05 p.m. - 6:00 p.m.  
Wed. - 1:05 p.m. - 6:00 p.m.

#### LMS LATER PROGRAM EARLY RELEASE HOURS

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

#### Middle 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)]. Secondary priority is given to students who attend daily for the duration of the program; wait list students will be given the same priorities. In order for your child to be excused early from the After school program, this form must be signed and updated regularly indicating reason and duration of the authorization for early release.

It is the intent of the California Legislature that middle school or junior high school pupils "participate in the full day of the program every day during which pupils participate" [EDC 8483(a)(2)]. For programs serving middle school and junior high school pupils, a flexible schedule may be implemented for those pupils [EDC 8483(a)(3)].

If a middle school or junior high 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 |
| 5. Weather Conditions | 6. Medical Emergencies | 7. Other Conditions | 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	4:00pm	4:00pm	3:00pm	4:00pm	4:00pm	Jane Doe	8/2/24	

#### ASES Authorization for Early Release

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: \_\_\_\_\_

## 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.lusd.net](http://www.lusd.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/Guardian 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.

**STUDENT NAME:** \_\_\_\_\_

✓ If Parent/Guardian is a **permanent LUSD employee?** **subs do not qualify.**

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](mailto: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

A service of



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John Sample Mary Sample 123 Nice Street Anytown, USA		BANK OF THE WEST 555-555-5555		00226
Pay to the order of:		Attach Voided Check Here		\$
		Deposit slips not accepted		Dollars
Routing Number	Account Number	Check Number		
123456789	1800330	0226		

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

# EXTENDED STUDENT SERVICES CLOSURES & OTHER IMPORTANT DATES

2024-2025

S	M	T	W	T	F	S
<b>JULY 2024</b>						
	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	T	W	T	F	S
<b>AUGUST 2024</b>						
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	

S	M	T	W	T	F	S
<b>SEPTEMBER 2024</b>						
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	27	28
29	30					

S	M	T	W	T	F	S
<b>OCTOBER 2024</b>						
23						
		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	T	W	T	F	S
<b>NOVEMBER 2024</b>						
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

S	M	T	W	T	F	S
<b>DECEMBER 2024</b>						
15						
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	T	W	T	F	S
<b>JANUARY 2025</b>						
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	

S	M	T	W	T	F	S
<b>FEBRUARY 2025</b>						
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	

S	M	T	W	T	F	S
<b>MARCH 2025</b>						
21						
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	T	W	T	F	S
<b>APRIL 2025</b>						
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
<b>MAY 2025</b>						
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	T	W	T	F	S
<b>JUNE 2025</b>						
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

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