

Ripon Afterschool Program

Welcome to the 2024 Summer Program. Enclosed in your parent packet, you will find our calendar with all field trips dates and cost. Items on the calendar may be changed. Our hours are 6:00 am until 6:00 pm.

Breakfast will be served until 8 am. Lunch is between 11:00-12:30. Children may bring a lunch or have a school lunch. Sodas, and candy are not allowed.

Please fill out all paperwork completely. Your child's grade is the grade they were in during the 2023-2024 school year. The cost for the summer is covered by our scholarships. Please make sure you fill both papers out completely. Children will need to attend 80% of the time. Excessive absences can result in your child being dropped

Parents will need to cover some of the cost of the field trips. On swim days all TK and K's must wear a life jacket. Children must attend their scheduled field trips as there will not be an adult left behind to watch their group.

Please send a water bottle with your child. Please label all your child's items. We do not allow personal electronics, toys, stuffed animals, ect. at RAP.

Thank You

Punkin Legris

RAP Program Director

Riponraps@gmail.com

209-402-2958

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RAP Emergency Information Form

Summer 2024

Personal Information

Please print and use blue or black ink.

Please fill out all sections.

<i>Child/ren's Name (Last)</i>		<i>(First)</i>	<i>School and Grade</i>	<i>Birthdate</i>
1.				
2.				
3.				
<i>Parent/Guardian (Last) Information</i>		<i>(First)</i>	<i>Address</i>	<i>Phone #</i>
<i>Mother/Guardian Name</i>				
<i>Work Address and Phone #</i>				
<i>Father/Guardian Name</i>				
<i>Work Address and Phone #</i>				
<i>Mother/Guardian email</i>		<i>Father/Guardian email</i>		

The following people have permission to pick up my child. The child will not be allowed to leave with anyone, not on this list.

	<i>Name (Last)</i>	<i>(First)</i>	<i>(Address)</i>	<i>(Phone #)</i>
1.				
2.				
3.				
4.				

Child's Medical Information

<i>Doctor's name</i>	
<i>Address</i>	
<i>City</i>	<i>Phone #</i>

IN CASE OF EMERGENCY FOR MEDICAL TREATMENT: My child will be transported to

<i>Hospital</i>	
<i>Medical Insurance</i>	
<i>Insurance #</i>	
<i>Additional Information: IEP's, Behavioral Plans, etc.</i>	
<i>Allergies, Medical Limitations or Medications,</i>	

In case of accident or emergency, I authorize a Ripon After-School Program staff member to take my child to the above-named physician or to the nearest hospital for any emergency treatment and action deemed necessary for the safety of the child, at my expense. Permission for Medical Treatment procedures varies among medical personnel and facilities with regards to provision for the child in the absence of the parent. A parent should have verified the procedure in advance.

<i>Parent's Signature</i>	<i>Date</i>
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Ripon After school Program

Please help us better serve your family by answering a few questions.

1. Any allergies, reactions, or strong dislikes?

2. Any court papers on file concerning your child?

3. Is your child shy, quiet, outgoing, fearless?

4. Does your child struggle with any certain subject?

5. Is your child on any school plans (IEP, etc)?

6. Is your child attending summer school?

Parent Signature

RAP ELO-P 2024 Summer Scholarship Application

STUDENT INFORMATION

Last: _____ First: _____ M / F

Date of Birth _____ School: _____ Grade: _____

Last: _____ First: _____ M / F

Date of Birth _____ School: _____ Grade: _____

Parent/Guardian's Last Name _____ First Name _____

Parent/Guardian's _____ email _____ address: _____

_____ Parent/Guardian's Last

Name _____ First Name _____ Parent/Guardian's

email address: _____

Child lives with (check all that apply): () Mother () Father () Guardian () Foster Parent

Other () _____

IS YOUR FAMILY RECEIVING (check all that apply) **If not receiving any of the below items check here:** _____

() CalFresh () Free/Reduced lunch () Social Security () CalWORKs

() Other _____

ANNUAL HOUSEHOLD INCOME (check one): **TOTAL NUMBER OF PEOPLE LIVING IN HOUSEHOLD** _____

\$0-\$35,000 () 35,001.00-\$40,000.00 () \$40,001.00-\$50,000.00 () over \$50,001.00 ()

ETHNIC BACKGROUND (CHECK ALL THAT APPLY)

() Black/African American () White () Asian () Am. Indian/Alaskan Native

() Native Hawaiian/Pacific Islander () Hispanic/Latino () prefer not to answer

(Parent/Guardian)

(Date)

Funding for the scholarships comes from an ELO-P grant. Priority will go to children who receive Free/Reduced lunch, Homeless or Foster children, and English Language Learners. After that, scholarships will be awarded by need. To receive a scholarship, you cannot have any outstanding balances for the RAP program. Children who receive the scholarship need to attend only as needed. The scholarship can be applied to either the am care, pm care, or all day care.

If you have any questions about the program, please email me at Riponraps@gmail.com. My main concern is that your child has a safe place to go after school if needed. I will email you to let you know if you received the scholarship.

By signing below, you acknowledge and accept the guidelines for the ELP-O scholarship.

Please check one of the following.

My child will attend summer school and then go to RAP ().

I will need the program daily ().

(Parent signature)

(date)

RAP ASES Summer 2024 Scholarship Application

STUDENT INFORMATION

Last Name: _____ First Name: _____ M / F

Date of Birth _____ School: _____ Grade: _____

Last Name: _____ First Name: _____ M / F

Date of Birth _____ School: _____ Grade: _____

Parent/Guardian's Last Name _____ First Name _____

Parent/Guardian's email address: _____

Parent/Guardian's Last Name _____ First Name _____

Parent/Guardian's email address: _____

Child lives with (check all that apply): () Mother () Father () Guardian () Foster Parent

() other _____

IS YOUR FAMILY RECEIVING (check all that apply) **If not receiving any of the below items check here:** _____

() CalFresh () Free/Reduced lunch () Social Security () CalWORKs

() Other _____

ANNUAL HOUSEHOLD INCOME (check one): **TOTAL NUMBER OF PEOPLE LIVING IN HOUSEHOLD** _____

\$0-\$35,000 () 35,001.00-\$40,000.00 () \$40,001.00-\$50,000.00 () over \$50,001.00 ()

ETHNIC BACKGROUND (CHECK ALL THAT APPLY)

() Black/African American () White () Asian () Am. Indian/Alaskan Native

() Native Hawaiian/Pacific Islander () Hispanic/Latino () prefer not to answer

Parent/Guardian

Date

Funding for the scholarships comes from an ASES grant. This scholarship is only for students who reside within **Ripon Unifies School District**. Priority will go to children who receive Free/Reduced lunch, Homeless or Foster children, and English Language Learners. Leftover scholarships will be handled according to need. To receive a scholarship, you can not have any outstanding balances for the RAP program. Children who receive the scholarship need to attend daily. The scholarship can be applied only to pm care. It does not cover morning or all-day care. Please also apply for the ELO-P grant, to cover your mornings, afternoons and/or Summer care.

You may check your child out early for the following reasons:

1. Parallel Activity
2. Family Emergency
3. Medical
4. Weather
5. Transportation
6. Other

If you have any questions about the program, please email me at Riponraps@gmail.com. My main concern is that your child has a safe place to go when needed. Please return this form and the application for Free/Reduced meals.

I will email you to let you know if you received the scholarship.

By signing below, you acknowledge and accept the guidelines for the ASES scholarship.

(Parent signature)

(date)

JUNE 2024

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
26	27	28	29 May	30 May		31 May
	Holiday		1st day of RAP		Summer School Starts	
2	3	4	5	6	7	8
Soccer	McHenry Bowling 12:15-3:45 3-8th \$5.00			Magic of Science Swim 1:00-4:00 All Kids		
9	10	11	12	13	14	15
Basketball					Swim 1:00-4:00 All Kids	
16	17	18	19	20	21	22
Pickleball	Boomers 12:00-5:00 All kids \$10.00		Holiday	Swim 1:00-4:00 All Kids		
23	24	25	26	27	28	29
Volleyball				Chuck E. Cheese 10:30-2:00 School TK-2nd Swim 1:00-4:00 \$5.00 All Kids	Last day of Summer	

JULY 2024

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
30	1 Durham Ferry 5th-6th grade 7:15-3:00	2 Hillmar Cheese Tour Durham Ferry 5th-6th grade TK-2nd 7:15-3:00 No RAP	3	4 Holiday	5 No RAP	6
7	8 9 10 Tennis	10 John's Incredible Pizza 10:30-2:00 All Kids \$10.00 Reptile Ron 10:00	11	12	13 Swim 1:00-4:00 All Kids	14
14	15 16 17	17 Sacramento Zoo 8:30-4:30 TK-2nd \$10.00	18	19	20 Swim 1:00-4:00 All Kids	21
21	22	23 Old Town Sacramento 9-4 3-8th	24	25	26 Last day of RAP Swim 1:00-4:00 All Kids ¹⁸	27
28	29	30	31	August 1	2	3
	No RAP	No RAP	No RAP	No RAP	No RAP	