

RiponAfterschoolProgram
Riponraps@gmail.com

Welcome to the 2023-2024 school year. Please fill out **all** the paperwork in the parent packet. I will start letting parents/guardians know in mid July if they have a spot in our program.

We have an afterschool program at Ripona, Colony Oak and Ripon El. Children from Weston and Park View will attend the program at Ripon El. Before school is just at Ripon El. All children in the district can attend the morning program, they will catch the bus to their school.

Our program consists of 3 components. 1. Homework and Reading time. 2. Outdoor activities. 3. Arts and crafts. Your child will have the time, tools and help to do their homework.

Please call and leave a voice mail at your child's site, if your child will be absent for any reason. Phone numbers are, Colony Oak: 209-253-1873. Ripona is 209-253-1926. Ripon El is 209-456-7876. The teachers and offices are very busy and don't always have time to inform us.

RAP Emergency Information Form

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 Information</i>	<i>(Last)</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
Hospital

<i>Medical Insurance</i>	
<i>Insurance #</i>	

Additional Information: IEP's, Behavioral Plans, etc.

Allergies, Medical Limitations or Medications,

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.

Parent's Signature

Date

Rules of Conduct

2023-2024

Family Name _____

Students are to arrive and check in at their sites in a timely manner. Parents can text or call and leave a voice mail at their child's site if their child will be absent.

initial _____

Students are to follow a hands off policy. There will be no tolerance for any type of violence, bullying and being disrespectful towards other students or staff.

initial _____

Students are expected to take care of RAP property. The equipment is to be used in the manner it was intended. Personal items such as blankets, phones, electronics, smart watches, toys, trading cards, and other items are not allowed at the program. RAP will not be liable for any damage to personal items.

initial _____

Students can be suspended or expelled from the program if they or their parent/guardians commits any violent behavior, unsafe behavior, any actions or language deemed inappropriate. This also includes any threats, harrasment, intimidating, and defiant behavior.

initial _____

Students will be given equipment, time and help to work on their homework. We will not correct the child's homework, but we will ask them if they want to double check it.

initial _____

Students are to particapate and stay with their groups. If they choose to not particapate, they still must stay with the group.

initial _____

RAP closes at 6:00 pm. If a child is picked up late the parents will be charged \$10.00 for every 10 minute increment. 1-10 minutes = \$10.00. 11-20 minutes = \$20.00, etc. Children will not be allowed to attend the program until all late pick up fees are paid.

initial _____

Fees are due at the beginning of the fee period. There is a \$25.00 late charge added after a 3 weekday grace period. After the 3 day grace period, children can not attend until their account is current.

initial _____

If your child or children receive a scholarship, you must abide by the rules of the scholarship. The scholarship can be rescinded if you fail to comply with the rules and regulations.

initial _____

RAP follows district guidelines for dress code and behavior.

initial _____

Any bus passes are the sole responsiblity of the parents/guardians.

initial _____

Parent /Guardian Signature

Date

Ripon Afterschool Program 2023-2024

To help us better serve your needs, please answer a few questions.

What traits best describe your child/children:

What would you like us to know about your child/children:

My child/children will be attending :

	Before school	After school	During breaks
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

Parent/Guardian signature

Date

Ripon After-School Program

Monthly Fees for 2023-2024

The Ripon Unified School District offers before and after school care for children enrolled in the district. We are also open during school breaks

Parents/Guardians agree to pay in advance the fees on or before the first day of the new fee period. Fees are averaged out for the school year. We can only pro-rate fees if we are informed of changes before the fee period starts. **There are no parent refunds.** Fees are to be paid by money orders, payable to RUSD, or by cash. No personal checks. Please include your child's name on the money order. Save your receipts for your taxes. RAP does not supply a year-end report.

Monthly Fees Before School

Ripon El. 6:00-8:00 a.m.
\$155.00 for a single child
\$278.00 for a family of 2 children
\$309.00 for a family of 3 or more children

Monthly Fees After School

All Sites 2:00-6:00 p.m.
\$262.50 for a single child
\$445.25 for a family of 2 children
\$480.00 for a family of 3 or more children

Drop in Rates

A.M. 1 child \$10.00 Family \$20.00
P.M. 1 Child \$15.00 Family \$30.00

School Break Days

Site to be determined. Hours: 6:00 a.m.- 6:00 p.m.

Fee Periods

August 9-31, 2023: Full Fee Period

September 1-30, 2023 Full Fee Period

October 1-31, 2023: Full Fee Period

November 1-30,2023: 3/4 Fee Period (excludes Fall Break)

December 1-21, 2023: 3/4 Fee Period

December 26, 2023-Jan.5, 2024: *Winter Break*

\$245.00 for a child

\$350.00 for a family of 2 children

\$490.00 for a family of 3 or more children

January 9-31, 2024: 3/4 Fee Period

February 1-29, 2024: Full Fee Period

March 1-31, 2024: Full Fee Period

April 1-5, 2024 *Spring Break*

\$175.00 for a child

\$250.00 for a family of 2 children

\$350.00 for a family of 3 or more children

April 8-28, 2024:3/4 Fee Period

May 1-24, 2024: Full Fee Period

Dates R.A.P. is closed

August 1-8, 2023: Staff Development

September 4, 2023: Labor Day

November 10, 2023: Veteran's Day

November 17, 2023 PTC

November 20-24, 2023:Thanksgiving Week

December 22, 2023 Christmas Eve

December 25, 2023: Christmas Day

December 29, 2023: New Year's Eve

January 1, 2024: New Year's Day

January 8, 2024: Staff Development Day

January 15, 2024: MLK

February 16 and 19, 2024: President's Day Weekend

May 27, 2024: Memorial Day

RAP ELO-P 2023-2024 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-\$29,939.00 () \$29,940.00-\$36,075.00 () \$36,076.00-\$42,211.00 () over \$42,211.00 ()

ETHNIC BACKGROUND (CHECK ALL THAT APPLY)

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

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

answer

Funding for the scholarships comes from an ASES grant. This scholarship is only for students who attend **Ripon El. School**. Priority will go to children who receive Free/Reduced lunch, Homeless or Foster children, and English Language Learners. Left over 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 for 3 hours each day. 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 or all day 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)

(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 can not 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.

I will need the program as a drop in ().

I will need the program daily ().

(Parent signature)

(date)