

2024-2025 Ripon Afterschool Program

Welcome to the Ripon Afterschool Program. We are a before- and after-school program for all five elementary schools in Ripon. Our convenient locations on the Ripona, Colony Oak, and Ripon El campuses make it easy for your child to participate.

Parents or Guardians must complete the packet every fall and summer. There is no automatic rollover for children currently in the program.

Before-school care is held at Ripon El from 6:00 a.m. until 8:00 a.m. Children can take the bus to their home school campus. Breakfast is served at 7:30.

After-school care is from 2:00 p.m. until 6:00 p.m. Children from Weston Park View will take a bus to the Ripon El. Campus.

Our program has three components. The first is Enrichment, where we have homework help, games, and reading. The second is Physical Activity, where children will enjoy team sports, outside activities, etc. The third component is Steam, where the children will have science, arts and crafts, Legos, and games.

Please call or email me if you have any questions.

Punkin Legris

Riponraps@gmail.com

209-402-2958 (cell)

209-456-7876 (RE site)

Ripon After-School Program

Hours for 2024-2025

Parents/Guardians, your timely fee payments are crucial for the smooth operation of the Ripon After-School Program. Please ensure that you pay the fees on or before the first day of the 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. Please note that there are no parent refunds.

Monthly Fees Before School

Ripon El. 6:00-8:00 a.m.
\$155.00 for a single child
\$278.00 for two children
309.00 for three or more

Monthly Fees After School

All sites 2:00-6:00 p.m.
262.50 for a single child
\$445.25 for two children
\$480.00 for three or more children

Drop-In Rates

A.M. \$10.00 per child
P.M. \$15.00 per child

School Break Days

Site to be determined

Hours: 6:00 a.m. to 6:00 p.m.

Fee Periods for Before and After School Care

Aug 7-30, 2024... Full Fee
Sept 3-30, 2024... Full Fee
Oct 1-31, 2024... Full Fee
Nov 1-22, 2024... ¾ Fee
Dec 2-20, 2024... ¾ Fee
Jan 7-31, 2025... Full Fee
Feb 3-28, 2025... Full Fee
Mar 3-31, 2025... Full Fee
Apr 1-30, 2025... Full Fee
May 1-23, 2025... Full Fee

Off School Breaks

Nov 25-27, 2024, Fall Break

One child...\$120.00 Two or more children...\$180.00

Dec 23,26-30, 2024, Jan. 2-3, 2025, Winter Break

One child...\$240.00 Two or more children...\$360.00

April 14-18, 2025, Spring Break

One child...\$200.00 Two or more children...\$300.00

Days RAP is closed

Sept 2, 2024, Labor Day

Oct 7, 2024

Nov 8, 2024, PTC Day

Nov 11, 2024, Veterans Day

Nov 28-29, Thanksgiving Break

Dec 24-25, 2024, Christmas

Dec 31, 2024-Jan1, 2025, New Years

Jan 6, 2025, Staff Development

January 20, 2025, MLK Day

Feb. 14-17, 2025, Presidents Day

RAP Emergency Information Form

2024-2025

Personal Information			Please print and use blue or black ink.	Please fill out all sections.	
Child/ren's Name (Last)		(First)	School and Grade		Birthdate
1.					
2.					
3.					
Parent/Guardian Information		(Last)	(First)	Address	
Mother/Guardian Name					
Work Address and Phone #					
Father/Guardian Name					
Work Address and Phone #					
Mother/Guardian email			Father/Guardian email		

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

	Name (Last)	(First)	(Address)	(Phone #)
1.				
2.				
3.				
4.				

Child's Medical Information			
Doctor's name			
Address			
City		Phone #	
IN CASE OF EMERGENCY FOR MEDICAL TREATMENT:			
My child will be transported to			
Hospital			
Medical Insurance			
Insurance #			
Additional Information: IEP's, Behavioral Plans, etc.			
Allergies, Medical Limitations or Medications,			

In case of an 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 concerning provision for the child in the absence of the parent. A parent should have verified the procedure in advance.

Parent's Signature	Date
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RiponAfterschoolProgram

Does your child have any allergies, fears, or strong dislikes?

Are there any court papers on file concerning your child? If
so, we will need a copy.

What does your child enjoy? Art & crafts, games, reading, etc?

Is there anything else we should know about your child?

Does your child have any accommodations or paperwork on file with
the district? If yes, what kind?

Please fill out the days you will need care.

Mornings		Afternoon		Breaks	
Monday	<input type="checkbox"/>	Monday	<input type="checkbox"/>	Monday	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	Tuesday	<input type="checkbox"/>	Tuesday	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	Wednesday	<input type="checkbox"/>	Wednesday	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	Thursday	<input type="checkbox"/>	Thursday	<input type="checkbox"/>
Friday	<input type="checkbox"/>	Friday	<input type="checkbox"/>	Friday	<input type="checkbox"/>

Date

Parent/Guardian's Signature

Conduct Rules

2024/2025

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, harrassment, 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 per child = \$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 responsibility of the parents/guardians.

initial _____

Parent/Guardian signature

Date

RAP ELO-P/ASES 2024-2025 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-\$45,000.00 () \$45,001.00-\$60,000.00 () over \$60,001.00 ()

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

(Parent/Guardian)

(Date)

Funding for the scholarships comes from an ELO-P or ASES grant. Priority will go to children who are Low-income, Homeless or Foster children, and English Language Learners. After that, scholarships will be awarded on need. You can not have any outstanding balances for the RAP program to receive a scholarship. Children who receive the scholarship need to attend 80% of the days. The scholarship can be applied to the am, pm, or summer care. Drop-ins, Fall, Winter, and Spring break are not covered.

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/ASES scholarship.

(Parent signature)

(date)