

# Welcome to the 2018 Summer R.A.P.

During the summer we strive to provide your children with academics, activities, field trips, and just general fun.

During the morning, the children will have math time, reading time, computer time, and ELA time.

Afternoons are spent with arts and crafts, field trips , occasional movies, and outdoor activities. We discourage sandals, as we do a lot of running and playing.

Our staff ratio to children is 1:14.

Fees are \$145.00 per week for a single child and \$205.00 a week for a family. Cost of field trips are extra. The first fee period is 5 weeks long. The second fee period is 6 weeks. I have many discounts so please talk to me so we can come up with your exact amount.

I have provided you with the field trip calendar for the summer. The children's groups are based on the grade they were in for the 2017-2018 school year. Please pay the cost of the field trips by Monday. All children attend their field trips.

We are able to have lunch provided to us for May 29-July 27th, at no cost to you. We will be at Ripon El. during that time. On July 30th, we will be at Park View. Children will need to bring their lunches during this time frame. During the summer, children will need to bring a morning snack ( fruit, cereal bars, granola bars,etc.) and an afternoon snack( cookies, fruit, crackers). We do not allow soda or candy.

We look forward to having your children with us this summer. If you have any questions or concerns, please bring them to my attention. We want the children to feel safe and wanted here.

Thank You,  
Punkin Legris  
[riponraps@gmail.com](mailto:riponraps@gmail.com)  
sign up for remind by  
texting the message @g949d  
to 81010

# Parent Agreement

I understand that fees are to be paid by money order or cash only. No personal checks. A \$25.00 Late Fee will be added for payments made after the 4 day grace period.

\_\_\_\_\_  
Parent Initial

Money orders are payable to RUSD. Any over payment of \$10.00 or less is considered a donation.

\_\_\_\_\_  
Parent Initial

I am to keep my receipts for tax purposes. I understand that R.A.P. does not do a year end account.

\_\_\_\_\_  
Parent Initial

I understand that field trips are to be paid for every Monday. Cash Only.

\_\_\_\_\_  
Parent Initial

I understand that my child can not stay back at the program if their group is on a field trip.

\_\_\_\_\_  
Parent Initial

We are a Hands Off, Bully Free Zone. I understand that I might be called to pick up my child if there is a behavioral issue.

\_\_\_\_\_  
Parent Initial

R.A.P. can only pro-rate if we are informed before the fee period starts. There are no refunds.

\_\_\_\_\_  
Parent Initial

Parents need to provide sunscreen for their children. We apply sunscreen after lunch each day.

\_\_\_\_\_  
Parent Initial

All TK and K's will be required to wear a lifejacket at the pool, unless I have a note from the parents.

\_\_\_\_\_  
Parent Initial

Items not allowed at R.A.P.; personal items, electronics, soda, and candy. R.A.P. will not be responsible for any personal items.

\_\_\_\_\_  
Parent Initial

Date \_\_\_\_\_

# R.A.P. Emergency Information Form

## Personal Information

AM \_\_\_\_ PM \_\_\_\_ Vacations \_\_\_\_

### Child/ren's Information

	Last Name	First Name	Birthdate	School	Grade
1					
2					
3					
4					

### Parent's Information

Mother's Last Name	First Name	Address	City	Phone #
Mother's email address			Work Phone #	
Father's Last Name	First Name	Address	City	Phone #
Father's email address			Work Phone #	

The following people have permission to pick up my child/ren

	Last Name	First Name	Phone #	Relationship
1				
2				
3				
4				

### Medical Information

Doctor's Name	
Address	
Phone Number	
Medical Conditions	
Allergies	
Current Medications	

Addition Information concerning your child/ren  
Does your child/ren have any issues we should be aware of?

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\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date

## Fee Calculator

May-June

M	T	W	TH	F
28	29	30	31	1
closed				
4	5	6	7	8
11	12	13	14	15
18	19	20	21	22
25	26	27	28	29

Put a X on the days your child/ren will attend.  
 My child/ren are in one of the summer programs,  
 ( ESY, Summer School, Etc.) Yes \_\_\_\_\_ NO \_\_\_\_\_

Name of Children:

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_

Are you on Free or Reduced Lunch?

Yes \_\_\_\_\_ No \_\_\_\_\_

Weekly Fee:

\_\_\_\_\_

Discount:

\_\_\_\_\_

Fee Due:

\_\_\_\_\_

You can choose to pay 1/2 on May 29th and the  
 balance on June 15th. There will be a \$10.00 charge  
 for this option.

I would like to use this option.

Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
 Parent Signature

\_\_\_\_\_  
 Date

# RAP Permission Slip and Medical Wavier

Parent/Guardian,

Kindly complete and return the signed copy of this form to RAP. My Child(ren)

Last Name

First Name

Birthdate

Medical Ins.#

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

have my permission to participate in the voluntary field trips. I have received a calendar of the summer trips that included the dates, times, cost and location of the field trips.

## MEDICAL AUTHORIZATION

We(I) are (am) aware and acknowledge that any activity covered by this permission slip, by its very nature, poses the potential risk of injury/illness to the individuals who participate. For and in consideration of the opportunity for our (my) child/ward to participate in the activities covered by this permission slip, we (I) do hereby agree as follows:

1. All persons making the field trip or excursion shall be deemed to have waived all claims against the District or the State of California for injury, accident, illness or death occurring during or by reason of the field trip or excursion.
2. In the event of illness or injury, we (I) consent to all routine and/or emergency medical treatments and/or services prescribed by the attending physician, surgeon, or dentist, and to the administration and performance of all examinations, treatments, anesthetics, operations, and other procedures which are deemed necessary or advisable by the attending physician at the scene and/or at the hospital or other medical facility.
3. That we (I) are (am) solely financially responsible for any cost and/or all indebtedness incurred as a result of any emergency and/or routine medical and/or surgical treatment and services prescribed by the attending physician for my child/ward, including all charges not covered by insurance.
4. To indemnify and hold harmless the District, it s officers, employees, agents, representatives, and volunteers from each and every claim or demand made, and each and every liability, action, loss, debt, or damage which may arise by or in connection with, or result from, any routine and/or emergency medical services, or participation or our (my) child/ward in any activities covered by this permission slip.
5. We (I) fully understand that all persons making the field trip or excursion are to abide by all rules and regulations governing conduct during the trip. Any violation of these rules and regulations may result in the individual being sent home at the expense of his/her parent/guardian.
6. If our/my child/ward has a special medical condition and/or physical disability diagnosed by a physician. A description of that medical condition and/or physical disability is attached hereto.

This permission slip covers the RAP Summer Program and all field trips for the dates of May 28, 2018 to August 10, 2018

\_\_\_\_\_  
Signature of Parent of Guardian

\_\_\_\_\_  
Date

**A special note to Parent/Guardian/Caregiver:**

1. All medications taken by your child/ward while participating in the activities covered by this permission slip must be prescribed by a physician and registered on a district form on file at the school office and on this form.
2. All medication prescribed by a physician for your child/ward must be kept and administered by District staff.
3. \_\_\_\_\_ Check here if your child/ward has a special medical condition that the District should be aware of, and, if medication will be required on the trip concerning this condition.
4. List any medication that your child/ward must take while participating in the activities covered by this permission slip and for each medication listed provide the dosage and reason for the medication. **Note: All medications listed on this form must be covered by a district form on file at the school office.**

Name of Medication	Dosage	Reason(s)
_____	_____	_____
_____	_____	_____

5. My child/ward is allergic to the following medications: \_\_\_\_\_
6. My child/ward is allergic to the following foods, materials, etc.: \_\_\_\_\_
7.  I will pack a bag lunch  I would like to order a school bag lunch for my child

**I acknowledge that I have carefully read this Pupil Field Trip Permission Slip and Medical Authorization Form and I understand and agree to its terms.**

Address: \_\_\_\_\_

Phone numbers where I can be reached during this activity:

\_\_\_\_\_

Emergency contact if I cannot be reached \_\_\_\_\_

Name

Phone No.

Pupil's Medical Insurance Carrier

Policy Number

Address

Parent/Guardian/Caregiver (please print)

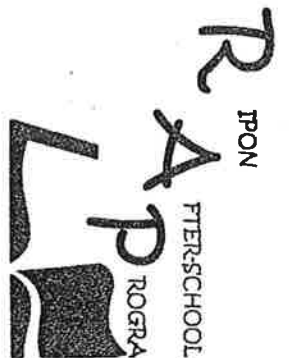
Signature

Date

**Note: This form must be kept with the teacher during the entire activity, and a copy must be kept on file at the school site.**

# JUNE 2018


SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
27 week 1	28	29	30	31	1	2
	Holiday	Fees Due.		Swimming 1-4 p.m. Cost \$3.00 ALL KIDS	MJC Planetarium 8:15-12:00 Uppers Cost: \$15.00	
3 week 2	4	5	6	7	8	9
	Swimming 1-4 p.m. Cost \$3.00 ALL KIDS			Swimming 1-4 p.m. Cost \$3.00 ALL KIDS		
10 week 3	11	12	13	14	15	16
	Swimming 1-4 p.m. Cost \$3.00 ALL KIDS		LaserQuest 12:30-3:30 Cost \$ 12.00 3rd-8th grade.	Swimming 1-4 p.m. Cost \$3.00 ALL KIDS	Skating at Verbero PowerPlay 8:30-11:30 Cost \$5.00 TK-2nd grade	
17 week 4	18	19	20	21	22	23
	Swimming 1-4 p.m. Cost \$3.00 ALL KIDS		Chuck E. Cheese 11:30-3:00 Cost \$10.00 TK-2nd.	Swimming 1-4 p.m. Cost \$3.00 ALL KIDS	Skating at Verbero PowerPlay 8:30-11:30 Cost \$5.00 3rd-8th grade	
24 week 5	25	26	27	28	29	30
	Swimming 1-4 p.m. Cost \$3.00 ALL KIDS			Swimming 1-4 p.m. Cost \$3.00 ALL KIDS	W.O.W. Cost \$ 7.50 12:30-3:00 TK-2nd.	
		NOTES:				

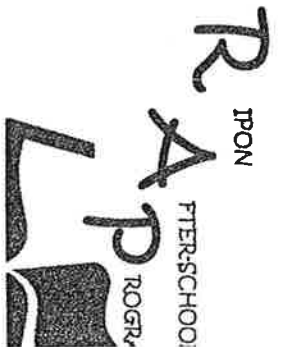


Ripon El. 272-6560  
 Ripona 253-1926  
 Weston 253-1826  
 Park View 924-4096

Punkin Legris  
 402-2958  
 riponraps@gmail.com

# JULY 2018

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1 week 6	2 <b>FEES DUE!!!!</b> Swimming 1-4 p.m. Cost \$3.00 ALL KIDS	3	4 <b>HAPPY 4<sup>th</sup> of JULY</b>  closed	5 Swimming 1-4 p.m. Cost \$3.00 ALL KIDS	6 Skating at Verbero PowerPlay 8:30-11:30 Cost \$5.00 TK-2nd grade	7
8 week 7	9 Swimming 1-4 p.m. Cost \$3.00 ALL KIDS	10 Oakdale Cheese 8:30-12:00 Cost \$ 2.50 TK-2nd grade	11	12 Swimming 1-4 p.m. Cost \$3.00 ALL KIDS	13 Skating at Verbero PowerPlay 8:30-11:30 Cost \$5.00 3rd-8th grade	14
15 week 8	16 Swimming 1-4 p.m. Cost \$3.00 ALL KIDS	17	18 Stockton's Children Museum 8:30-11:30 Cost: \$6.00 TK-2ND.	19 Swimming 1-4 p.m. Cost \$3.00 ALL KIDS	20 Mickie Grove Historical Museum 9:15-1:00 Cost \$5.00 3rd -8th grade	21
22 week 9	23 Swimming 1-4 p.m. Cost \$3.00 ALL KIDS	24 John's Incredible 12:00-3:30 Cost \$ 12.00 All Kids	25	26 Swimming 1-4 p.m. Cost \$3.00 ALL KIDS	27	28
29 week 10	30 Move to Park View Children need to bring lunch.	31 Boomers 11:30-4:30 Cost \$18.00 All Kids	1	2	3	4
5	6	NOTES: I will accept packets for the 2018-2019 school year, the week of July 16th-July 20th. We will use a lottery system to fill the spots at Park View, Ripona and Weston. You will be informed of your site the week of July 23rd. Fees will be due to insure your spot by Aug. 1st. If your child does not receive a spot at their home campus, they can attend the Ripon El. RAP site. They will be placed on a waiting list to transfer to their home site.				

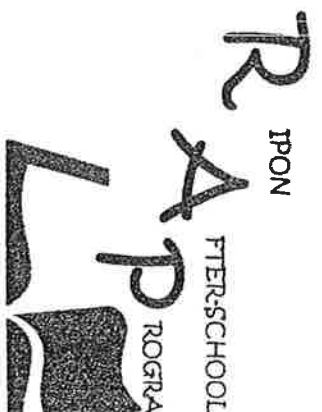


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# AUGUST 2018

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
		Boomers 11:30-4:30 Cost \$18.00 All Kids	1 <u>Fees for Aug.</u> <u>2018-2019</u> <u>School Year</u> <u>Due.</u>	2 Columbia State Park 9:00-3:00 Cost:\$5.00 3rd-8th grade	3 Last Day	4
5 week 11	6	7 Sacramento Zoo 9:45-3:00 Cost \$ 8.00 TK-2nd.	8	9 Old Town Sacramento Cost \$5.00 9:30-5:00 3rd-8th grade	10	11
	12 Closed	13 Closed	14 <u>1st day of</u> <u>school</u>	15	16	17
19	20	21	22	23	24	25
26	27	28	29	30	31	
NOTES:						



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