



Resurrection After School Program
3309 N. Seminary Avenue
Chicago, IL 60657
773/525-0605 x 17
rapkids@gmail.com

Transportation To and From RAP Consent Form

Name of child _____

Please indicate the plan that applies to your needs.

AFTER SCHOOL

_____ **RAP ESCORT SERVICE** (Hawthorne students only)

My child will meet RAP teachers in the Hawthorne Auditorium immediately upon the dismissal of school at 2:30 pm. I understand that the teachers will walk with all RAP students to the RAP room. I understand the RAP's responsibility for my child begins as soon as my child leaves the Hawthorne building.

_____ **ALTERNATE ESCORT SERVICE**

My child will be transported to RAP by _____.

The time of dismissal from school is _____.

The time my child should arrive at RAP is _____.

If child travels by bus:

Name of bus company _____ Phone _____

Bus number/driver's name _____

BEFORE SCHOOL

_____ **RAP ESCORT SERVICE** (Hawthorne students only)

My child will walk with RAP teachers from the RAP room at 8:45 am. The teachers will accompany my child to the outside doors of Hawthorne Scholastic Academy. I understand that my child is under the responsibility of RAP until my child enters the Hawthorne building.

_____ **ALTERNATE ESCORT SERVICE**

My child will be transported to school by _____.

The time of departure from RAP is _____.

If child travels by bus:

Name of bus company _____ Phone _____

Bus number/driver's name _____

Changes to this plan must be made in writing.

Parent Signature _____ Date _____