

Reminderville Roadrunners Before & After School Program  
 Village of Reminderville Recreation Center  
 3100 Glenwood Blvd.  
 Reminderville, Ohio 44087

Program Option	Current Grade 2016 – 2017 School Year	Rate
A.M. 6:45 – Bus Pick-up		\$129.00/Month (August & December Rates \$69.00)
P.M. Bus Drop-off – 6:00 p.m.		\$199.00/Month (August & December Rates \$99.00)

**To Register:**

Complete all forms and return, in person, to the Village of Reminderville Village Hall, 3382 Glenwood Blvd. during registration dates below. Registration fee of \$25.00 and first month's tuition is needed to be registered.

To be eligible, children must be entering grade K – 6<sup>th</sup> in the Fall 2016-2017 school year.

Space is limited!!! Reminderville residents will have the opportunity to register first.

**Reminderville residents** within Twinsburg School District or Aurora School District may start registering on **Monday, July 18<sup>th</sup> from 5:00 p.m. – 6:30 p.m.** at Village Hall. **Must bring proof of residency.**

If openings remain Twinsburg and Aurora residents can start registering on **Thursday, July 21<sup>st</sup> from 5:00 p.m. – 6:30 p.m.** at Village Hall.

July 18<sup>th</sup> and July 21<sup>st</sup> are the only days we will be taking registrations until 6:30 p.m. If parent is unable to attend please have your packet filled out and check if someone else can bring in for you.

**Program starts on August 17th**

**Reminderville Roadrunners Before & After School Program 2016 Registration  
Form**

Child Name \_\_\_\_\_ Current Grade \_\_\_\_\_

Home Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Session Enrolled \_\_\_\_\_

Home Email Address \_\_\_\_\_

Primary Phone Number (    ) \_\_\_\_\_

School District \_\_\_\_\_ School Name \_\_\_\_\_

Mother/Guardian Name _____
Address _____
Home Phone (    ) _____ Work Phone (    ) _____
Cell Phone (    ) _____ Email _____

Father/Guardian Name _____
Address _____
Home Phone (    ) _____ Work Phone (    ) _____
Cell Phone (    ) _____ Email _____

**Health**

Any chronic health issues? \_\_\_\_\_

Any Allergies? \_\_\_\_\_

Any food not to be offered? \_\_\_\_\_

Any serious operations or hospitalizations? \_\_\_\_\_

Any difficulty hearing, speech or vision? \_\_\_\_\_

Taking any medication or supplements? \_\_\_\_\_ What? \_\_\_\_\_

Anything Latchkey Staff should be aware of? \_\_\_\_\_

## Emergency Information

Purpose: To enable parents/guardian to authorize the provision of emergency treatment for children who become ill or injured. The information requested is especially important if you cannot be reached or if you are out of town.

<b>Student Name</b>		
	LAST	FIRST

<b>Persons authorized to pick up my child</b>		
1. Name _____	Phone (    ) _____	Relationship _____
2. Name _____	Phone (    ) _____	Relationship _____
3. Name _____	Phone (    ) _____	Relationship _____

Are there any persons who may not pick up your child? _____
Are there any special custody or visitation arrangements that we should be aware of? _____
If so, please provide written documentation.

Provide any additional information that may be helpful to the staff: _____ _____
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<b>To Grant Consent</b>	
In the event that reasonable attempts to contact me have been unsuccessful, I hereby give my consent for the transfer of my child to any hospital reasonably accessible and the administration of any treatment deemed necessary by a licensed physician or dentist. This authorization does not cover major surgery unless the medical opinion of two other licensed physicians or dentists, concurring in the necessity for each surgery are obtained prior to the performance of such surgery.	
Signature of Parent/Guardian	Date

In consideration of your accepting myself, my child or my family's entry, I hereby, for myself, my child and my family, waive and release any and all rights and claims for damages we may have against the Village of Reminderville, their representatives, successors and assigns for any and all injuries suffered by myself, my child or my family in any activity sponsored by these groups. I do hereby grant and give these groups the right to use myself, child or family in photographs or images with or without myself, my child or family's name, both single and in conjunction with other persons or object for the purpose of advertising and publicity only. I warrant that I have the right to authorize the foregoing uses and do hereby agree to hold the Village of Reminderville harmless of and from any and all liability of whatever nature which may arise out of or result for such uses.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_