



ROUTE TO SUCCESS

BEFORE AND AFTER SCHOOL PROGRAM

\$25
Registration Fee to
Secure Your Spot!

2026/2027 SCHOOL YEAR



The RKC Route to Success Program serves Twinsburg students (K-6th) and Aurora Students (K-5th) by providing participants with supervised care, school transportation assistance, structured indoor recreational and craft activities, and opportunities to build confidence and friendships in a positive environment. This program is offered to students in grades K-6th.

Eligibility Requirements

- ONLY Students Entering Grades:**
- K-6th (Twinsburg Schools)
 - K-5th (Aurora Schools)

Enrollment & Registration

Registration Begins Saturday, May 16, 2026

Enrollment Fee is available to pay in person or online!

**You can pay the \$25 Enrollment fee online or in person. If enrolling in person or online, please be aware that there is required documents that need to be completed and returned to us in person at the front desk.*

Enrollment fee \$25 is due at time of registration per student.



Hours & Rates

AM Drop Off: (6:30 AM - 9:00 AM)

AM Standard Rate: \$300/Month

Prorated Fees:

August - \$150 | Nov/Dec/Mar - \$225

PM Pick Up: (2:00 PM - 6:00 PM)

PM Standard Rate: \$375/Month

Prorated Fees:

August - \$200 | Nov/Dec/Mar - \$300



Questions? Call (234)-212-9773 OR
Email kpickens@remindervilleac.com

3100 Glenwood Blvd, Reminderville, OH 44087



Route to Success Program (RTS) 2026–2027 Registration Info

Registration: To enroll, you can pay the \$25 Enrollment fee online or in person. If enrolling in person or online, please be aware that there is required documents that need to be completed and returned to us in person at the Reminderville Community Center, 3100 Glenwood Blvd, Reminderville, OH 44087, during registration dates below. **A non-refundable registration fee of \$25.00 is needed to guarantee your child a spot in the program. Checks payable to CITY OF REMINDERVILLE.**

To be eligible, children must enter grade K – 6th for Twinsburg School District and K- 5th Aurora School District 2026-2027 school year. Enrollment for the 2026-2027 school year begins Saturday, May 16, 2026 –Saturday, August 1, 2026, during regular business hours. Space is limited. If the program reaches full capacity, a waitlist will be created.

Online Payment Instructions

1. Scan the QR Code to the right and follow the prompts to create an account and to complete registration
2. Find and Click “Online Activity Registration”
3. Login /Create an Account
4. Click “Register” → “Program Activities” → Open RTS Program Fee” → Follow the prompts
5. Make sure to include both parents/guardians and child’s information on the account



Hours and Rates

Programs	Standard Rates	Prorated Rates
AM Drop Off (6:30 AM -9:00 AM)	\$300/Month	August - \$150 Nov/Dec/Mar - \$225
PM Drop Off (2:00 PM -6:00 PM)	\$375/Month	August - \$200 Nov/Dec/Mar - \$300



Route to Success Program (RTS) 2026–2027 Registration Form

Child Name: _____
First Name Last Name

Child's Gender: _____ Date of Birth: _____ Age: _____

Home (Primary) Address: _____

Select (Circle) Program: AM ONLY / PM ONLY / Both AM and PM

Primary Email Address: _____

Primary Phone Number: _____ Grade in Fall: _____

School District: Select (Circle) – Twinsburg Schools / Aurora Schools

School Name (Twinsburg) – Wilcox / Bissell / Dodge

School Name (Aurora) – Leighton / Craddock / Miller

FIRST PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: _____

Address: _____

Home Phone: () _____ Work Phone: () _____

Cell Phone: () _____ Email: _____

SECOND PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: _____

Address: _____

Home Phone: () _____ Work Phone: () _____

Cell Phone: () _____ Email: _____

Payment and Refund Policy: Payments are due in full at time of registration.

Refunds and Proration of Fees are NOT permitted.

BY MY SIGNATURE I UNDERSTAND THAT THE REMINDERVILLE COMMUNITY CENTER AND THE CITY OF REMINDERVILLE, THEIR EMPLOYEES, VOLUNTEERS, INDEPENDENT CONTRACTORS AND SPONSORS WILL NOT BE HELD RESPONSIBLE FOR ANY INJURIES SUFFERED ON OR OFF THE PLAYING FIELD/COURT OR WHILE ENROUTE TO AND FROM EVENTS/GAMES/PROGRAMS/CLASSES. I UNDERSTAND NO SUPPLEMENTAL MEDICAL INSURANCE IS OFFERED AND ASSUME RESPONSIBILITY FOR ANY SUCH COSTS. I GIVE PERMISSION FOR OUR IMAGES TO BE USED BY THE RECREATION DEPARTMENT FOR BROCHURES, FLYERS, OR OUR WEBSITE UNLESS OTHERWISE SPECIFIED. I AGREE THAT OUR FAMILY WILL UPHOLD THE HIGHEST STANDARDS OF CONDUCT AND UNDERSTAND THAT THE RECREATION DEPARTMENT HAS THE AUTHORITY TO SUSPEND OR TERMINATE PARTICIPATION AND/OR BAN ATTENDANCE AT FACILITIES.

PARENT/GUARDIAN SIGNATURE (IF UNDER 18 YEARS OF AGE)

PLEASE PRINT NAME

DATE:

Every parent/guardian will be given or emailed a copy of a Parent Handbook and an Emergency Medical Authorization Form that requires a parent/guardian signature after registration has been completed. All forms and documents are due by your child's first day of the program in order for your child to participate.

I have acknowledged that my child cannot participate in the Reminderville Kids Club Programs until all required forms and documents have been submitted. All documents need to be submitted to us by your child's first day of the program in order for your child to participate.

PARENT/GUARDIAN SIGNATURE (IF UNDER 18 YEARS OF AGE)

PLEASE PRINT NAME

DATE:

ASSUMPTION OF RISK AND WAIVER OF LIABILITY

In consideration of use of the RAC as provided in the Agreement, User, on behalf of any/all person(s) included in the Agreement, agrees to assume all risks involved in use. User understands that an inherent risk of exposure to COVID-19 exists in any public place where people are present or have been present. User acknowledges that COVID-19 is an extremely contagious disease that can lead to severe illness and death. User voluntarily assumes all risks related to exposure to COVID-19, on behalf of User, any/all persons included in the Agreement, his/her/their heirs, executors, administrators, and assigns. User, on behalf of any/all person(s) included in the Agreement shall comply with CDC guidelines and Responsible RestartOhio requirements (Exhibit A), and as may be subsequently amended. User acknowledges and understands that failure to comply will result in termination of his/her/their use of the RAC.

In consideration of use of the RAC as provided in the Agreement, on behalf of User, any/all person(s) included in the Agreement, his/her/their heirs, executors, administrators, and assigns, User does hereby release, discharge, indemnify, and hold harmless the City, its officers, employees, agents, and assigns from any and all liability, claims, costs, expenses, injuries, damages and/or losses User may sustain as a result of participation in the Agreement and use of the RAC.

USER: _____ **DATE:** _____



Route to Success Program (RTS) 2026–2027

HEALTH

Does your child have any chronic health issues? If so, please explain.

Does your child have any allergies? No Yes **If you selected yes, please explain.*

Any food not to be offered? No Yes **If you selected yes, please explain.*

Does your child have difficulty with hearing, speech or vision? No Yes
**If you selected yes, please explain.*

Medication Policy

**Please note that the Reminderville Community Center staff are not permitted to provide or administer any medication to your child. No child shall be in possession of any medication for any reason at any time while attending any RKC programming. If there is medication that needs to be given to your child, the parent/guardian of the child may administer the medication to them outside of programming areas.*

Is there anything the RKC Staff should be aware of? No Yes **If you selected yes, please explain.*

Divorce/Separation Policy

If there is a custody problem that affects the care given to your child, the Reminderville Kids Club is legally bound to abide by the wishes of the parent with legal custody. A copy of the most recent court order showing custody must be provided and retained in the child's file. Release of the child will be determined by the court document. Without a court document, the Reminderville Kids Club will not accept the responsibility of deciding which parent has legal custody. If there is a concern about a possible problem, a written agreement will be required. It will be signed by both parents, and it will delineate who can pick up the child and when.

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.

Student Name: _____
LAST FIRST

PERSONS AUTHORIZED TO PICK UP MY CHILD

Please list parent/guardian name(s) if you or they will be picking up your child. Please note that anyone that is not listed, may not pick up your child. If you need to update this list, please contact the Recreation Manager.

NAME _____

RELATIONSHIP _____ PHONE () _____

NAME _____

RELATIONSHIP _____ PHONE () _____

NAME _____

RELATIONSHIP _____ PHONE () _____

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.

To Grant Consent

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 City 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 City of Reminderville harmless of and from any and all liability of whatever nature which may arise out of or result for such uses.

EMERGENCY MEDICAL AUTHORIZATION

Student Name: _____	School: _____
Telephone: _____	Birth Date: _____ Grade: _____
Address: _____	

Purpose: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

Parent or Guardian Information:	Home Phone	Work Phone	Cell Phone	Email Address
Mother's Name: _____				
Father's Name: _____				
Alternate Contact Name: _____				
Address: _____	<i>Relationship to child:</i>			

PART I OR PART II MUST BE COMPLETED

PART I - TO GRANT CONSENT

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Medical Specialist: _____ Phone: _____

Local Hospital: _____ Emergency Room Phone: _____

- In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.
- This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for each surgery, are obtained prior to the performance of such surgery.
- Pertinent health information will be shared with appropriate school staff only on a need-to-know basis.
- Facts concerning the child's medical history including allergies, medications being taken, and any physical impairment to which a physician should be alerted: _____

_____ *Date*

_____ *Signature of Parent or Guardian*

PART II - REFUSAL TO CONSENT

I do NOT give my consent for emergency medical treatment of my child. In event of illness or injury requiring emergency treatment, the school authorities may take the following action: _____

_____ *Date*

_____ *Signature of Parent or Guardian*