



The OPMAD before/after-school program will begin on August 29, 2017.  
The program will end the last day of school 2018.

OPMAD offers a wide variety of fun-filled educational based programs. Your child will enjoy learning through hands on activities and games. Each group will have a designated time to focus on reading followed by various enrichment activities such as math games, fun with science, language and dance. Volunteers are welcome to share their special hobby with students.

**Daily breakfast/supper will be provided.**

*Please fill out the OPMAD registration form and return it to the Main Office at the school.*

*You may also mail it to: OPMAD @ 350 Farmington Avenue, Hartford, CT 06105*

**To secure a spot in the program for your child a \$100 deposit needs to be made.**

**The deposit will be credited to September.**

**If your child is accepted in the program, you will receive a Blue Confirmation Form.**

**(Check or Money orders should be made out to OPMAD).**

**Morning Program PK3-Grade 8 (7:15am-8:15am): \$125 per child per month**  
**After School Program PK3-Grade 8 (3:30pm-6:00pm):\$225 per child per month**  
On **early release** days the program will run from noon-6:00pm

**Payments are due by the 7<sup>th</sup> of each month.**  
**A \$10 late fee will be added to any payments received after the 7<sup>th</sup>.**

OPMAD offers family/parent activities throughout the school year at our other after school program sites. Information for these events will be available to you at our Sign-out table at pick-up time.

For more information, call the On-Site Coordinator at (860) 548-0301.



Organized Parents Make A Difference, Inc.  
**Breakthrough Magnet** After-School Program Registration Form

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Please Print)

Room #: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

**Please Check:**     Morning Program     After School Program     Both AM & PM Program

**Please list ALL people authorized to pick-up your child/ren along with their phone number.**  
**We will not release your child to any person NOT listed below!!!!**

1. Name: \_\_\_\_\_ Phone#: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone#: \_\_\_\_\_ Relationship: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone#: \_\_\_\_\_ Relationship: \_\_\_\_\_

4. Name: \_\_\_\_\_ Phone#: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Please notify the On-Site Coordinator of any changes in attendance, phone numbers, or address IMMEDIATELY.**

**Method of Payment:**

Check, Money Order

Payments are **non-refundable** if your child is dismissed during the program.

I understand in the event of an emergency, every effort will be made to contact the parent/guardian. In the event that the parent/guardian cannot be reached, I appoint OPMAD and their authorized personnel to represent me with full authority and I hereby authorize any emergency treatment facility to perform necessary emergency procedures and medical treatment on the above named student. I hereby agree that I will not hold OPMAD or any employee of OPMAD liable for injuries and/or illness incurred by my child while a participant of the OPMAD program.

- If possible, I prefer my child to be taken to \_\_\_\_\_ Hospital in the event of an emergency.
- I understand that all photographs taken are the property of OPMAD and may be used to promote the organization or its partners.
- I give my permission for school records to be shared with OPMAD for educational, support, assistance and program evaluation.
- When your child is accepted into a class, he/she will receive a blue CONFIRMATION SLIP, which must be returned the first day of class. We cannot accept a child without a confirmation slip. If your child does not receive a confirmation slip, the class is full and your child will be put on a waiting list.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_  
(Please Print)

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Employer \_\_\_\_\_ Work #: \_\_\_\_\_

Emergency name and phone number: \_\_\_\_\_