



The OPMAD Extended Day 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.

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

Morning Program (7:15am-8:15am): \$125 per child per month
Extended Care (noon-3:30pm): \$300 per child per month
After School Program (3:30pm-6:00pm): \$225 per child per month
(The program will be available on half-days)

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

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)

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



Organized Parents Make A Difference, Inc.
Breakthrough Magnet Pre-K3 Extended Day Program Registration Form

Student Name: _____ Grade: _____ Date of Birth: _____
(Please Print)

Room #: _____ Teacher's Name: _____

Please Check: Morning Program Extended Care Program After School 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: _____