



Organized Parents Make A Difference, Inc. **Jumoke Academy** After-School Program  
Registration Form for **Pre-K4-4th Grades**

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

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

**Please Check:**     Morning Program     Afternoon Program     Both AM & PM Program

**If your child is being picked up, by whom? Please list ALL persons authorized to pick-up your child/ren. Including their phone #/ 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, Pay Pal

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 PACKET, which must be returned the first day of class. We cannot accept a child without a completed confirmation packet. If your child does not receive a confirmation packet, the class is full and your child will be put on a waiting list.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please Print)

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

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

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Emergency #: \_\_\_\_\_

Employer: \_\_\_\_\_ E-mail: \_\_\_\_\_

-----TO BE FILLED OUT BY THE ONSITE COORDINATOR-----

Confirmation packet received  Entered into Cayen  Physical/Immunization received  Payment Received