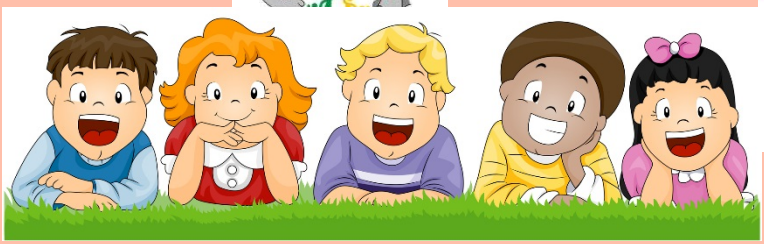
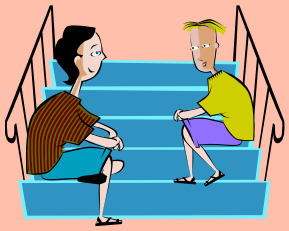


OPMAD / Kennelly School
"What's Cool After – School?"

The OPMAD After – School Program will begin 8/31/2020 and end on the last day of school. Program hours are Monday thru Friday from 3:25 pm – 6:00 pm.

We are open on Early Dismissal Days! 12:15 pm – 6 pm

If your child is accepted in the program, you will receive a Blue Confirmation Form.
Do not send payment in unless you receive a Blue Conformation Form!



Morning Program (7:05 am-8:15pm) $85
Afternoon Program (3:25pm-6:00pm) Based on household annual Income
$20/Month ($16/Month Siblings)
$60/Month ($56/Month Siblings)

OPMAD offers a wide variety of fun – filled educational programs. Your child will enjoy learning through hands on activities and games. Children will have a designated time to focus on homework followed by various enrichment activities. Dinner will be provided at 5:00 pm. OPMAD also offers parent workshops and trainings throughout the school year. Information on these events will be available to you at our Sign-Out table at pick up time. For more information, call the On – Site Coordinator.

This site is funded by a 21CCLC Grant. No student will be denied participation based on inability to pay.

Please see Annette Santana for financial information or you can reach her at 860-548-0301 ext. 108. Please visit us @ www.opmad.org

Kennelly School
Sign up & Permission Slip Form for **Pre-K – 8th Grade**

Student Name: _____Grade entering:_____ Date of Birth: _____
(Please Print)
Ethnicity:_____ Room #: _____ Teacher's Name: _____

Check the box next to the program you wish your child to attend.

□ Morning Program (7:05 am – 8:15 am) □ Afternoon Program (3:25 pm - 6:00 pm)

How will your child get home? Walk ____ (no child under 12 may walk home) Pick Up ___

If your child is being picked up, by whom? (Please list ALL persons authorized to pick up your child including their phone #. We will not release your child to any person not listed!)

1. Name/Relationship/Phone #:_____
2. Name/Relationship/Phone#:_____
3. Name/Relationship/Phone#:_____
4. Name/Relationship/Phone#:_____
5. Name/Relationship/Phone#:_____

Parent/Guardian name: _____Employer_____
Email Address:_____
(Please Print)
Address _____ Zip Code _____

Home # _____ Work # _____ Cell # _____ Emergency # _____

Please notify the On-Site Coordinator of any changes in attendance, phone numbers, or address IMMEDIATELY.
Does your child have any medical conditions that would restrict him/her from participating in the program?
Yes _____No ____ or take any medications or have allergies? Yes _____ No _____
If ***yes*** to any questions, please explain:
_____
_____
_____

I understand in the event of an emergency, **every effort** will be made to contact the parent/guardian. In the event 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 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, she/he 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: _____

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

[ ] Confirmation packet received [ ] SASID] Health form [ ] Entered into Cayen

home contact us search OPMAD

Organized Parents Make A Difference

Literacy Based After-School Enrichment Programs.

ATTENTION PARENTS!

Please attach a copy of your child's <u>Blue Health Assessment Record</u> with our OPMAD permission slip.

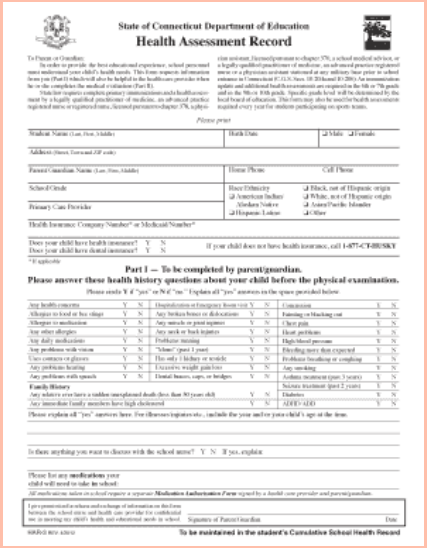
<u>Your child will not be able to attend our OPMAD Before and After School program unless these forms are received.</u>

If you have any questions please feel free to contact Annette Santana at <u>Annette.santana@opmad.org</u> or (860)416-5937.

Thank You,

Annette Santana

On-Site Coordinator



State of Connecticut Department of Education

Health Assessment Record