



The OPMAD before/after-school program will begin on August 31, 2020.  
The program will end the last day of school 2021.

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 homework/ reading followed by various enrichment activities such as dance, math games and fun with science.



Volunteers are welcome to share their special hobby with students.



*Please fill out the OPMAD registration form & email it to [ana.rodriquez@opmad.org](mailto:ana.rodriquez@opmad.org)*

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

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

**350 Farmington Avenue**

**Hartford, CT 06105**

**(Pay Pal is also available for payments).**

**Morning Program PK3-Grade 8 (7:15am-8:40am): \$85 per child per month**

**PK3 Extended Care (12:40pm-4pm): \$235 per child per month**

**After School Program PK3-Grade 8 (3:45pm-6:00pm): Based on household annual Income**

**\$20/Month (\$16/Month Sibling)**

**\$60/Month (\$56/Month Sibling)**

On early release days the program will run from 12:40-6:00pm

**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>.**

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

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

Please see the On-Site Coordinator, Ana Rodriguez for financial information or you can reach me at (860) 500-8376. Please visit us @ [WWW.OPMAD.ORG](http://WWW.OPMAD.ORG).



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

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

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

**Please select:**  Morning  Extended  Pm  Full Day

How will your child get home? (No child under 12 may walk home) Walk: \_\_\_\_\_ Pick-up: \_\_\_\_\_

**If your child is being picked up, by whom? Please list ALL persons authorized to pick-up your children. Including their phone #, we will not release your child to any person NOT listed below!!!!**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_  
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**Method of Payment:**

We accept Check, Money Order and Cash

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

OPMAD staff and students will be taking field trips on the city bus to visit sites and will take field trips outside the city on a rented bus. You will receive information and a schedule about the trips. When you sign and return this form you are giving permission for your child to participate in field trips. All photographs/videos taken of adults and/or children shall be the property of OPMAD.

I hereby consent to the use and/or reproduction of any photographs/videos of my child.

I understand in the event of an emergency; every effort will be made to contact a parent/guardian. In the event a parent/guardian cannot be reached, I designate and appoint OPMAD and its authorized personnel or agents to represent me in full authority and hereby authorize any hospital and their emergency room, emergency treatment facility or unit to perform emergency procedures and medical treatment as necessary and appropriate on the above named child. I have supplied accurate emergency numbers and information. I hereby agree that I will not hold OPMAD or any employee and agents of OPMAD liable for injuries or illness contracted by my child while he/she is a participant in the OPMAD program.

Names of siblings being enrolled: \_\_\_\_\_  
(Must fill out a form for each child)

Parent Name (Please Print): \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

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

Organized Parents Make A Difference, Inc. (OPMAD)  
350 Farmington Ave. Hartford, CT 06105  
Tel: 860-548-0301 350 Fax: 860-548-0307 Email: [opmad@opmad.org](mailto:opmad@opmad.org)

**OFFICE USE ONLY**

←----- [ ] Deposit Paid [ ] Paid Full Fee [ ] Confirmation packet received [ ] Entered into Cayen -----→