



The OPMAD before/after-school program will begin on August 30, 2021.
The program will end the last day of school 2022.

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.

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 email it: ana.rodriguez@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).

Deposit for Morning Care of \$40 is due by June 16th

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 PK4-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 7th of each month.

A \$10 late fee will be added to any payments received after the 7th.

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.



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 Afternoon 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: _____
Name: _____	Phone #: _____	Relationship: _____
Name: _____	Phone #: _____	Relationship: _____
Name: _____	Phone #: _____	Relationship: _____

Method of Payment:

We accept Check, Money Order and Cash & paypal.
Payments are **non-refundable** if your child is dismissed during the program.

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

-----> **OFFICE USE ONLY** <-----
[] Deposit Paid [] Paid Full Fee [] Confirmation packet received [] Entered into Cayen