



OPMAD/ ESM "What's Cool After-School?"

The OPMAD after-school program will begin on the first day of school! Program hours are Monday thru Friday from 3:50 pm- 6:00 pm.

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

If your child is accepted into the program, you will receive a Blue Confirmation Form, Do Not send payment unless you receive a Blue Confirmation Form!!!

(Payment Options: PayPal, Check and Money orders should be made out to OPMAD.)

Morning Program (7:00 am-8:40 am): \$85 Per Child

Afternoon program (3:50 Pm-6:00 Pm): Based on household annual Income

\$20/Month (\$16/Month Siblings)

\$60/Month (\$56/Month Siblings)

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

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 followed by various enrichment activities.

Hot supper will be provided.

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

OPMAD also offers parent workshops and trainings throughout the school year. Information for these events will be available to you at our Sign-out table at pick up time.

For more information, email the On-Site Coordinator, Jeanette Rivera at

jeanette.rivera@opmad.org





Organized Parents Make A Difference, Inc. **ESM** After-School Program
Sign up & Permission Slip Form for **Pre-K-8th** Grades

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

Ethnicity: _____ Room #: _____ Teacher's Name: _____

Check the box next to the day/s & times you wish your child to attend.

Morning Program (7:00 am - 8:40 am)

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

Afternoon Program (3:50 pm - 6:00 pm)

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

How would your child get home? Walk ___ (No child under 10 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 #: _____

Parent/Guardian name: _____
(Please Print)

Address: _____ Zip Code: _____

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

Parent Place of Employment: _____ Job title: _____

Add name and phone of emergency contact person: _____

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 ___ or No ___

Does your child take any medications or have allergies? Yes ___ or No ___

If **yes** to any of the above questions, please explain: _____

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: _____

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

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