



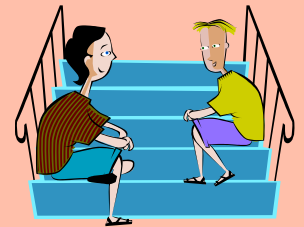
**OPMAD / Kennelly School
"What's Cool After - School?"**

The OPMAD After – School Program will begin 8/29/2022 and end on the last day of school. Program hours are Monday through 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 Confirmation 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 4:00 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

