



**OPMAD at  
Montessori Magnet**

The OPMAD before/after-school program will begin on August 29 2022.  
And will end the day before the last day of school 2023.

Please fill out the OPMAD registration form online and email to the On-site coordinator Juliet Pabon : [juliet.pabon@opmad.org](mailto:juliet.pabon@opmad.org) .You may also mail it to OPMAD @ 350 Farmington Ave. Hartford, CT, 06105

If your child is accepted in the program, you will receive a Blue Confirmation Packet.  
**Do not send payment in unless you receive a Blue Confirmation Packet!!!**  
(Check or Money orders should be made out to OPMAD).

**\*\*\* Space Is Limited \*\*\***

Morning Program PK4-Grade 6 (7:00am-8:40am): \$85 per child per month  
Afternoon program PK4-Grade 6 (3:45pm-6:00pm):\$95 per child per month  
(*\$85 for any additional sibling PM only*)

**Morning and Afternoon programs: \$180 per child per month**

\*On most **early release** days, the program will run from 12:40pm-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>.**

OPMAD offers a wide variety of fun-filled educational programs. Your child will enjoy learning through hands on activities and games. Each group will have a designated time to focus on reading followed by various enrichment activities such as math games, fun with science, language and dance.  
Volunteers are welcome to share their special hobby with students.

**Daily breakfast/supper will be provided.**

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

For more information, call the On-Site Coordinator,  
Juliet Pabon at (860)548-0301 ext. 104 or [juliet.pabon@opmad.org](mailto:juliet.pabon@opmad.org)





Child's Start Date: \_\_\_\_\_

Organized Parents Make A Difference, Inc. **Montessori Magnet** Before/After-School Program  
Sign up & Permission Slip Form for **Pre-K4-6<sup>th</sup> Grade**

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

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

**Please Check:**     Morning Program     Afternoon Program     Both AM & PM Program

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

1. Name: \_\_\_\_\_ Phone#: \_\_\_\_\_ Relationship: \_\_\_\_\_

2 Name: \_\_\_\_\_ Phone#: \_\_\_\_\_ Relationship: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone#: \_\_\_\_\_ Relationship: \_\_\_\_\_

4. Name: \_\_\_\_\_ Phone#: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Please notify the On-Site Coordinator of any changes in attendance, phone numbers, or address IMMEDIATELY.**

**Method of Payment:**

Check, Money Order

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

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: \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_  
(Please Print)

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Emergency #: \_\_\_\_\_

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

\*TO BE FILLED OUT BY THE ONSITE COORDINATOR:  Confirmation packet Received  Entered into Cayen  Physical/Immunization Received  
 Payment Received