



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

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](mailto: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

(PayPal is also available for payments).

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

After School Program PK4-Grade 8 (3:45pm-6:00pm):

\$20/Month (\$16/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.

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: \_\_\_\_\_ Gender: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

**Please select:**  Morning  Afternoon

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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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: 860-500-8376 350 Fax: 860-548-0307 Email: [ana.rodriquez@opmad.org](mailto:ana.rodriquez@opmad.org)

**OFFICE USE ONLY**

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