



## OPMAD/Moylan "What's Cool After-School?"

The OPMAD after-school program will begin on 8/29/22. Program hours are Monday thru Friday from 3:25 pm - 6:00 pm.

On early release days, the program will run from 12:15 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!!!**  
(Check, Money orders, or Paypal should be made out to OPMAD.)

**Morning Program (7:00 am - 8:15 am): \$20 per child per month**  
**Afternoon program (3:25 pm - 6:00 pm): Based on household annual Income**  
**\$20/Month (\$16/Month Siblings)**  
Payments are due by the 7<sup>th</sup> of the 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 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.

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, contact the On-Site Coordinator, Julian Ortiz at

[Julian.Ortiz@opmad.org](mailto:Julian.Ortiz@opmad.org) | Office: 860.548.0301 ext. 102





Organized Parents Make A Difference, Inc. **ELAMS** After-School Program  
Sign up & Permission Slip Form for **Pre-K<sup>4</sup> -5<sup>th</sup> Grades**

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

SASID # \_\_\_\_\_ 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 - 8:15 am)**

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

**Afternoon Program (3:25 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 #: \_\_\_\_\_

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: \_\_\_\_\_

**Name of siblings being enrolled:** \_\_\_\_\_  
(Must fill out form for each child)

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