



OPMAD @ ESM

The OPMAD before/after-school program will begin on the first day of school.
The program will end on the last day of school.

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 and hot supper will be provided.



Please fill out the OPMAD registration form and email it to: yulissa.negron@opmad.org
or return it to the main office at the school.

If your child is accepted in the program, you will receive a Blue Confirmation Form.

Morning Program PK-Grade 8 (7:05am-8:40am): \$85 per child per month

After School Program PK-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 7th of each month.

(Check & Money orders should be made out to OPMAD)

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, Yulissa Negron for more information or you can reach out at (860) 416-8870. Please visit us @ www.organizedparentsmakeadifference.org



Organized Parents Make A Difference, Inc.
ESM @ Mary Hooker After-School Program Registration Form

Student Name: _____ Grade Entering: _____ Date of Birth: ____/____/____
(Please Print)

Ethnicity: _____ Gender: _____ Teacher's Name: _____ SASID #: _____

Please select: **Morning** (7:05am-8:40am) **Afternoon** (3:45pm-6:00pm) **Both**

How will your child get home? (No child under 10 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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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__

Does your child have any medications or have any allergies? Yes__ No__

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

Method of Payment:

We accept multiple payment options through the Square Up app as well as check or money order

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. If possible, I prefer my child to be taken to _____ hospital in the event of an emergency 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: _____ Zip code: _____

Cell Phone #: _____ Work Phone #: _____

Employer: _____ E-mail: _____

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OFFICE USE ONLY

[] Deposit Paid [] Paid Full Fee [] Confirmation packet received [] Entered into Transact (Start Date: ____/____/____)