



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

The OPMAD after-school program will begin on the first day of school 2023 and end on the last day in 2024. 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!!!

Morning Program (7:00 am - 8:15 am): \$20 per child per month

Afternoon program (3:25 pm - 6:00 pm): \$20/Month (\$16/Month Siblings)

Payments are due by the 7th of the month. A \$10 late fee will be added to any payments received after the 7th.

We accept multiple payment options through the Square Up app as well as check or money order. All checks and money orders should be made out to OPMAD.

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

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.

Hot 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 | Office: 860.548.0301 ext. 110





Organized Parents Make A Difference, Inc.
Moylan After-School Program Registration Form

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

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

Please select: Morning (7:00am-8:15am) Afternoon (3:15pm-6:00pm)

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

Starting Date: _____