OPMAD at Jumoke Academy 2023-2024

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

Please fill out the OPMAD registration form and email it to Onsite Theresa Thompson Theresa Thompson@opmad.org. You may also mail it to: OPMAD @ 51 Gillette Street Hartford, CT 06105

If your scholar is accepted in the program, you will receive a Blue Confirmation packet.
<u>Do not send payment in unless you receive a Blue Confirmation packet!!!</u>
(Check or Money orders should be made out to OPMAD And SquareUp)

*** <u>Space Is Limited</u> ***

Morning Program PK4 thru 8th (7:00 am-8:30 am)—$85
Afternoon program PK4 thru 8th (3:45 pm-6:00pm)—$95
On most <u>early release</u> days, including Wednesday Professional Development days,
the program will run from 12:35 pm-6:00 pm

OPMAD offers a wide variety of fun-filled educational based programs. Your scholar 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 such as math games, fun with science, language and dance. Volunteers are welcome to share their special hobby with the scholars.

<u>Breakfast will be provided during the morning program. A cold supper will be provided during the afternoon program.</u>
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.
For more information, call Onsite Coordinator Theresa Thompson at the
OPMAD office- (860) 818-2159 or email:theresa.thompson@opmad.org

No child will be turned away due to inability to pay. Financial assistance is available.

Organized Parents Make A Difference, Inc. **Jumoke Academy** After-School Program
Registration Form for **Pre-K4-8ᵗʰ Grades**

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, Square Up
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 PACKET, which must be returned the first day of class. We cannot accept a child without a completed confirmation packet. If your child does not receive a confirmation packet, 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 Transact [ ] Physical/Immunization received [ ] Payment Received