



"What's Cool After - School?"

The OPMAD After – School Program will begin 8/29/2023 and end on the last day of school.

Program hours are Monday thru Friday from 3:25 pm – 6:00 pm.

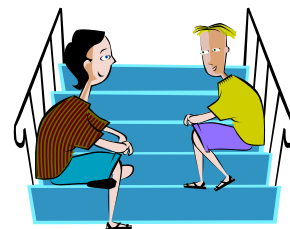
We are open on Early Dismissal Days! 12:15 pm – 6 pm

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

Do not send payment in unless you receive a Blue Confirmation Form!



**Morning Program (7:05 am-8:15pm) \$85
Afternoon Program (3:25pm-6:00pm)
\$20/Month (\$16/Month Siblings)**



OPMAD offers a wide variety of fun-filled educational programs. Your child will enjoy learning through hands on activities and games. Children will have a designated time to focus on homework followed by various enrichment activities. Dinner will be provided at 5:00 pm. OPMAD also offers parent workshops and trainings throughout the school year. Information on these events will be available to you during pick up time. For more information, please feel free to contact the On-Site Coordinator.

This site is funded by a 21CCLC Grant. No student will be denied participation based on inability to pay.

Annette Santana at 860-548-0301 ext. 108. Please visit us @
www.opmad.org



Organized Parents Make A Difference, Inc.
Kennelly 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-8:15am) ☐ **Afternoon** (3:25pm-6:00pm)

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. I give my permission for school records to be shared with OPMAD for educational support, assistance and program evaluation

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: _____

Organized Parents Make A Difference, Inc. (OPMAD)

51 Gillett St. Hartford, CT 06105

Tel: 860-500-8376 350 Fax: 860-548-0307 Email: Annette.Santana@opmad.org

OFFICE USE ONLY

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



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ATTENTION PARENTS!



Please attach a copy of your child's Blue Health Assessment Record with our OPMAD permission slip.

Your child will not be able to attend our OPMAD Before and After School program unless these forms are received.

If you have, any questions please feel free to contact Annette Santana at Annette.santana@opmad.org or (860)416-5937.

Thank You.

Annette Santana

On-Site Coordinator

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