





OPMAD Extended Care

The Pre-K3 extended care program will begin on September ____ 2023 and will end the day before school ends in June 2024.

Please fill out the OPMAD registration form and return it to the Montessori Magnet Main Office. You may also mail it to: OPMAD @ 51 Gillett Street Hartford, CT 06105

*** Space Is Limited ***

Deposit of \$100.00 is required along with the application to secure your spot

Morning Program (7:00am-8:40am): \$85 per child per month Extended Care (11:45am-3:50pm): \$250 per child per month

On most <u>early release</u> days, the program will run its regular selected hours pick up will be at 3:50 pm

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

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

<u>Do not send full payment in unless you receive a Blue Confirmation Form!</u>

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

OPMAD offers a wide variety of fun-filled educational programs. Your child will enjoy learning through hands on activities and games. Each group will have a designated time to focus on reading followed by various enrichment activities such as math games, fun with science, language, dance and yoga.

For more information, contact the On-Site Coordinator, Juliet Pabon at (860)548-0301 ext.104 or Juliet,pabon@opmad.org





Child's Start Date:	
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Organized Parents Make A Difference, Inc. <u>Montessori Magnet</u> After-School Program Sign up & Permission Slip Form for <u>PreK-3</u> Extended Care

Student Name:			Grade:	Date of Birth:	
	(Please Print)			
Ethnicity:		Room #:	Teacher's Name: _		
Plo		ng Program [] E 1-8:40am	xtended Care Progra: 11:30am-3:50pm	m	
				rized to pick-up your child/r	<u>en.</u>
	Including their phone #, wo			<u> </u>	
1. Name:	Ph	one#:	Relationship:		
2 Name:	Ph	one#:	Relationship:		
3. Name:	Ph	one#:	Relationship:		
			Relationship:		
Please notify the O	On-Site Coordinator of any	changes in attendanc	ee, phone numbers,	or address IMMEDIATELY	<u>7.</u>
parent/guardian car authorize any eme student. I hereby ag • If possible, I • I understand th • I give my pern • When your chi	ergency treatment facility to pree that I will not hold OPM who is prefer my child to be taken that all photographs taken are mission for school records to ld is accepted into a class, he	y, every effort will be PMAD and their author perform necessary em AD or any employee of the perform the property of OPMA be shared with OPMA she will receive a blue.	made to contact the prized personnel to referency procedures a property of OPMAD liable for OPMAD program. Hospita AD and may be used AD for educational, since CONFIRMATION	parent/guardian. In the event of the present me with full authority and medical treatment on the artinjuries and/or illness incurred in the event of an emergence to promote the organization of upport, assistance and program of SLIP, which must be returned.	y and I hereby above named ed by my child y. or its partners. m evaluation. ed the first day
	will be put on a waiting list.	a confirmation slip. If	your child does not	receive a confirmation slip, th	e class is full
Parent/Guardian Sig	gnature:		Date:	Email:	
Parent/Guardian na	me:				
	(Ple	ease Print)			
Address:				Zip Code:	
Home #:	Work #:	Cell #:	E	mergency #:	
	TO BE FILLI	ED OUT BY THE	ONSITE COOR	DINATOR	
				nunization received [] Entere	