



The OPMAD before/after-school program will begin on August 2024.  
The program will end on the last day of school 2025.

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/supper will be provided.**



*Please fill out the OPMAD registration form and return it to the Main Office at the school.*

*You may also email it: [ana.rodriquez@opmad.org](mailto:ana.rodriquez@opmad.org)*

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

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

**51 Gillett St**

**Hartford, CT 06105**

**(Stripe is also available for payments).**

**Morning Program PK3-Grade 8 (7:15am-8:30am): \$100 per child per month**

**After School Program PK4-Grade 8 (3:30pm-6:00pm):**

**\$20/Month**

**On early release days the program will run from 12:30-6:00pm**

**Payments are due by the 7<sup>th</sup> of each month.**

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, Ana Rodriguez for financial information or you can reach me at (860) 500-8376. Please visit us @ [WWW.OPMAD.ORG](http://WWW.OPMAD.ORG).



Organized Parents Make A Difference, Inc.  
Breakthrough Magnet South\_After-School Program Registration Form

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

Ethnicity: \_\_\_\_\_ Gender: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_ SASID #: \_\_\_\_\_

Please select  Morning (7:15am-8:30am)  Afternoon (3:30pm-6:00pm)

How will your child get home? (No child under 14 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: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

**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 Stripe 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: \_\_\_\_\_ City: \_\_\_\_\_ Zip code: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Employer: \_\_\_\_\_ E-mail: \_\_\_\_\_

Organized Parents Make A Difference, Inc. (OPMAD)  
51 Gillett St. Hartford, CT 06105  
Telephone: 860 548-0301 Cell 860-500-8376 Fax: 860-548-0307 Email: ana.rodriquez@opmad.org

**OFFICE USE ONLY**

[ ] Deposit Paid [ ] Paid Full Fee [ ] Confirmation packet received [ ] Entered into Transact [ ] Start Date \_\_\_\_\_