



### "What's Cool After - School?"

The OPMAD After – School Program will begin the first day of school and end on the last day of school.

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

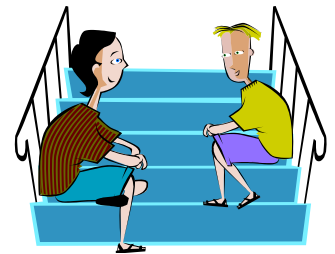
We are open on Early Dismissal Days! 12:15 pm – 6 pm

**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) \$100**  
**Afternoon Program (3:25pm-6:00pm)**  
**\$20/Month**  
**Payments are due by the 7<sup>th</sup> of each month**



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 4:00 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 860-416-5937  
Please visit us @ [www.opmad.org](http://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: \_\_\_\_\_

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 [opmad.org](http://opmad.org) 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)

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**OFFICE USE ONLY**

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