

## "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 <u>Blue Confirmation Form.</u>

## Do not send payment in unless you receive a Blue Conformation 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



Please attach a copy of your child's <u>Blue Health Assessment Record</u> 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 <u>Annette.Santana@opmad.org</u> or (860)416-5937.

Thank You,

Annette Santana

**On-Site Coordinator** 

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Organized Parents Make A Difference, Inc. Kennelly After-School Program Registration Form

Student Name:		Grade Entering:	Date of Birth:
	(Please Print)		Date of Birth:
Ethnicity:	Gender:	Teacher's Name:	SASID #:
Please Select	orning (7:05am-8:	15am) 🗆 🗆	Afternoon (3:25pm-6:00pm)
How will your child go	et home? (No child un	der 10 may walk home) Walk:	Pick-up:
<u>If your child is, be</u>		om? Please list ALL persons auth Il not release your child to any pe	norized to pick-up your children. Including their erson NOT listed below!
Name:		Phone #:	Relationship:
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Does your child have a Does your child have a	my medical conditions my medications or have	that would restrict him/her from pa e any allergies? Yes No	numbers, or address IMMEDIATELY articipating in the program? YesNo
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cannot be reached, I authorize any hospi treatment as necessary I prefer my child to be employee and agents of	in the event of an emerged designate and appoint of tal and their emergency and appropriate on the a taken tof OPMAD liable for inju	DPMAD and its authorized personnel room, emergency treatment facility of bove-named child. I have supplied a hospital in the event of an emerg uries or illness contracted by my child	otographs/videos of my child. ontact a parent/guardian. In the event a parent/guardiar or agents to represent me in full authority and hereby or unit to perform emergency procedures and medical ccurate emergency numbers and information. If possible gency I hereby agree that I will not hold OPMAD or an d while he/she is a participant in the OPMAD program. tional support, assistance and program evaluation

(Must fill out a form for each child) Parent Name (Please Print):Date: Parent/Guardian Signature:		Names of siblings being enrolled:			
Parent/Guardian Signature:      Zip code:         Address:      Zip code:         Cell Phone #:      Work Phone #:         Employer:      E-mail:         Organized Parents Make A Difference, Inc. (OPMAD)       51 Gillett St. Hartford, CT 06105		(Must fill out a form for each child)			
Address:       Zip code:         Cell Phone #:	rent Name (Please Print):		Date:		
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