OPMAD @ Montessori Magnet

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

Please fill out the OPMAD registration form online and email to the On-site coordinator Juliet Pabon:
juliet.pabon@opmad.org . You may also mail it to: OPMAD @ 51 Gillett Street Hartford, CT, 06105

If your child is accepted in the program, you will receive a Blue Confirmation Packet.
Do not send payment in unless you receive a Blue Confirmation Packet!!!
(Check or Money orders should be made out to OPMAD).

*** Space Is Limited ***

Morning Program PK3-Grade 6 (7:05am-8:40am): $100 per child per month
Afternoon program PK4-Grade 6 (3:45pm-6:00pm):$100 per child per month
($90 for any additional sibling PM only)
Morning and Afternoon programs: $200 per child per month
On most early release days, the program will run from 12:40pm-6:00pm

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

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 and dance.
Volunteers are welcome to share their special hobby with students.

Daily breakfast/supper will be provided.

OPMAD offers family/parent activities throughout the school year at our other after school program sites. Information for these events will be available to you at our Sign-out table at pick-up time.
For more information, call the On-Site Coordinator,
Juliet Pabon at (860)548-0301 ext. 104 or Juliet.pabon@opmad.org

Organized Parents Make A Difference, Inc. **Montessori Magnet**
After-School Program Registration Form for **Pre-K 4-6th Grade**

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

Ethnicity:_____ Gender: _____ Teacher's Name:_____ SASID #:_____

Please select: □ Morning (7:05am-8:40am) **□ Afternoon** (3:45pm-6:00pm) **□ Both AM & PM**

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 the Stripe app as well as check or money order
Payments are **non-refundable** if your child is dismissed during the program.

I authorize and give my consent for the use and reproduction of any photographs/videos featuring my child to be utilized on OPMAD's social media platforms. I give my permission for school records to be shared with OPMAD for educational support, assistance, and program evaluation. 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: _____ **Zip code:** _____

Cell Phone #: _____**Work Phone #:** _____

Employer: _____ **E-mail:**_____

Organized Parents Make A Difference, Inc. (OPMAD)
51 Gillett St. Hartford, CT 06105
Tel: 860-548-0301 Fax: 860-548-0307 Email: Juliet.pabon@opmad.org

──────── **OFFICE USE ONLY** ────────
[ ] Deposit Paid [ ] Paid Full Fee [ ] Confirmation packet received [ ] Entered into Transact