



OPMAD/Moylan "What's Cool After-School?"

The OPMAD after-school program will begin on the first day of school 2024 and end on the last day in 2025. Program hours are Monday thru Friday from 3:25 pm - 6:00 pm. On early release days, the program will run from 12:15 pm - 6:00 pm.

If your child is accepted into the program, you will receive a Blue Confirmation Form.
Do not send payment in unless you receive a Blue Confirmation Form!!!

Morning Program (7:00 am - 8:15 am): \$20 child per month
Afternoon program (3:25 pm - 6:00 pm): \$20/Month (\$16/Month Siblings)
Payments are due by the 7th of the month. A \$10 late fee will be added to any payments received after the 7th.

We accept multiple payment options through Stripe app as well as check or money order. All checks and money orders should be made out to OPMAD.
(Payments are non-refundable if your child is dismissed during the program.)

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 followed by various enrichment activities.

Hot supper will be provided.

This site is funded by a 21CCLC Grant. No student will be denied participation based on inability to pay.

OPMAD also offers parent workshops and training throughout the school year. Information for these events will be available to you at our Sign-out table at pick up time. For more information, contact the On-Site Coordinator at ana.rodriguez@opmad.org
Cell: 860.869.0199 or Office: 860.548.0301 ext. 105



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

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

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

Please select: Morning (7:00AM-8:15AM) Afternoon (3:15PM-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: _____

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Name: _____ Phone #: _____ Relationship: _____

Name: _____ Phone #: _____ Relationship: _____

Method of Payment:

We accept multiple payment options online at OPMAD.org as well as Check and 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. 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: _____

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-----OFFICE USE ONLY-----

[] Paid Full Fee [] Confirmation packet received [] Entered into TransAct