



Organized Parents Make A Difference, Inc. After School Program
Sign up & Permission Slip Form

Name of School: _____

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

Child's gender (male or female) _____ **Room #:** _____ **Teacher's Name:** _____

How will your child get home? Walk _____ Pick Up _____ Attends School Day Care _____

If your child is being picked up, by whom? _____

Parent/Guardian name: _____
(Please Print)

Address _____ Zip Code _____

Home # _____ Work # _____ Cell # _____

And name and phone of emergency contact person: _____

Please notify the On-Site Coordinator of any changes in, phone numbers, address or if your child is absent IMMEDIATELY.

Does your child have any medical conditions that would restrict him/her from participating in the program?

Yes _____ No _____ or take any medications or have allergies? Yes _____ No _____

If **yes** to any questions, please explain:

I understand in the event of an emergency, **every effort** will be made to contact the parent/guardian. In the event the parent/guardian cannot be reached, I appoint OPMAD and it's authorized personnel to represent me with full authority and I hereby authorize any emergency treatment facility to perform necessary emergency procedures and medical treatment on the above named student. I hereby agree that I will not hold OPMAD or any employee of OPMAD liable for injuries and/or illness incurred by my child while a participant of the OPMAD program.

- If possible, I prefer my child to be taken to _____ Hospital in the event of an emergency.

I understand that all photographs taken are property of OPMAD and may be used to promote the organization or its partners.

I give my permission for school records to be shared with OPMAD for educational support, assistance and program evaluation.

When your child is accepted into a class, she/he will receive a blue **CONFIRMATION SLIP, which must be returned the first day of class. We cannot accept a child without a confirmation slip.** If your child does not receive a confirmation slip, the class is full and your child will be put on a waiting list.

Parent/Guardian Signature: _____ Date: _____