



Dear Parents/Guardians,

We are excited to announce the launch of our after-school program at One Team One Dream of the Capital District! As part of our commitment to providing enriching experiences for our students beyond the traditional classroom setting, we have developed a comprehensive program aimed at fostering personal growth, academic success, and community engagement.

Our after-school program, named "One Team One Dream of the Capital District," embodies our mission to empower tomorrow's leaders. Through a variety of activities, workshops, and mentorship opportunities, we aim to ignite the potential within every young individual and guide them towards a future of limitless possibilities.

Here are some key highlights of our after-school program:

1. **Enrichment Activities:** From STEM projects to arts and crafts, our program offers a diverse range of enrichment activities designed to spark creativity, curiosity, and passion.
2. **Academic Support:** Our dedicated team of tutors and educators provide personalized academic support to help students excel in their studies and reach their full potential.
3. **Life Skills Development:** We believe in equipping students with essential life skills such as leadership, communication, and problem-solving, preparing them for success in both academics and beyond.
4. **Community Engagement:** Through community service projects and partnerships with local organizations, we encourage students to actively engage with their community and make meaningful contributions to society.
5. **Safe and Supportive Environment:** The safety and well-being of our students are our top priorities. Our after-school program provides a nurturing and inclusive environment where students can thrive and feel supported.

We invite you to enroll your child in our after-school program and become part of our One Team One Dream family. Together, we can empower our youth to become the leaders of tomorrow. For more information and to register for the program, please visit [otodcapitaldistrict.org](http://otodcapitaldistrict.org) or contact Jahmaria Lumpkin at 518-257-2263.

Thank you for your continued support in providing our students with valuable opportunities for growth and learning.

Sincerely,

Ta-Sean C. Murdock, Chief Executive

TA-SEAN C. MURDOCK, CHIEF EXECUTIVE & FOUNDER / SUMIKO M. MURDOCK, MANAGING PARTNER & FOUNDER

KIARA SHELLEY, MANAGING PARTNER & CONSULTANT / JAHMARIA LUMPKIN, PROGRAM COORDINATOR

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**Here are a few things you need to know when completing your child's application.**

**Complete the Application Form:** Fill out all sections of the After-School Program Application Form accurately and legibly. Ensure that all required fields are filled in, including student information, emergency contact details, medical information, program details, and authorized pick-up person(s).

**Provide Accurate Information:** Please provide accurate and up-to-date information on the application form, including your child's personal details, emergency contact information, and any relevant medical information. This information is crucial for ensuring the safety and well-being of your child while they are in our care.

**Select Program Details:** Indicate the days of the week your child will be attending the after-school program and specify the start and end dates of their enrollment. Additionally, provide your preferred pick-up time for your child at the end of each session.

**Authorize Pick-Up Persons:** List the full names and contact information of individuals who are authorized to pick up your child from the after-school program. This helps us ensure the safety and security of your child by allowing only authorized individuals to collect them from our premises.

**Media Release Permission:** Please indicate whether you grant permission for your child's photograph and/or video footage to be taken and used for promotional purposes related to the after-school program. Your response to this section is optional but greatly appreciated.

**Sign and Date the Form:** Sign and date the bottom of the application form to confirm that you have read and understood the information provided and that all the information provided is accurate to the best of your knowledge.

**Return the Completed Form:** Submit the completed application form to Jahmaria Lumpkin. You can return the form via electronic form or by paper.

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## After-School Program Application Form

### Student Information:

Full Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Parent/Guardian Name(s): \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Emergency Contact Information:

Emergency Contact Name: \_\_\_\_\_  
Relationship to Student: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Alternative Phone Number: \_\_\_\_\_

### Medical Information:

Does the student have any allergies? ☐ Yes ☐ No  
If yes, please specify: \_\_\_\_\_  
Does the student have any medical conditions we should be aware of? ☐ Yes ☐ No  
If yes, please specify: \_\_\_\_\_

### Program Details:

Days of the Week Attending: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

### Authorized Pick-Up Person(s):

Please provide the full name and contact information of any individuals authorized to pick up the student from the after-school program:



Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

### Media Release:

I hereby grant permission for my child's photograph and/or video footage to be taken and used for promotional purposes related to the after-school program.

☐ Yes, I grant permission.

☐ No, I do not grant permission.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this completed application form to [Program Coordinator's Name] by [Submission Deadline]. If you have any questions or need assistance completing this form, please contact us at [Contact Information].

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