

Albany PAL Afterschool Club 2019/20 Enrollment Form

Child Information (Please Print)

ALL LINES MUST BE FILLED IN; IF NOT APPLICABLE, MARK N/A
PLEASE READ AND UNDERSTAND EVERYTHING YOU ARE SIGNING.

Child's Name: _____ Sex: M _____ F _____

Date of Birth: ____/____/____ Age: _____ Grade in School Year 2019-20 _____

School: _____ Dismissal Time _____

Ethnicity – (Check all that apply): () African American () Caucasian () Hispanic/Latino
() Asian/Pacific Islander () Other: _____

Home Address: _____ City: _____ Zip: _____

Are You Eligible or Receiving Section 8 or Public Housing Assistance _____ YES _____ NO
***IF YES, MUST SUPPLY A COPY OF YOUR ALBANY HOUSING AUTHORITY LEASE OR
ALBANY HOUSING SECTION 8 AWARD LETTER AT TIME OF APPLICATION***

Shirt Size: Youth M _____ Y/L _____ Adult S _____ A/M _____ A/L _____ A/XL _____ A/2XL _____

Parent/Guardian Information (Please Print)

Parent/Guardian Name (Primary Contact): _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Employer: _____ Work Phone: _____

Cell: _____ Email: _____

2nd Parent/Guardian Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

If separated or divorced, who has legal custody? _____

Note: Copy of Court Order needed if parent is denied access to a child.

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CONTACT/TRANSPORTATION INFORMATION

Pick Up Authorization - All Authorized persons MUST BE AT LEAST 16 years of age and be prepared to show PHOTO IDENTIFICATION.

<p style="text-align: center;"><u>PRIMARY CONTACT</u></p> <p>Relationship to Child: (Parent 1) _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>Phone: (H) _____</p> <p>Phone: (C) _____</p> <p>Employer: _____</p> <p>Phone(Work) _____</p> <p>Email: _____</p> <p>My child will be: (Please Check One)</p> <p><input type="checkbox"/> Walking <input type="checkbox"/> Picked Up</p>	<p style="text-align: center;"><u>SECONDARY CONTACT</u></p> <p>Relationship to Child: (Parent 2) _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>Phone: (H) _____</p> <p>Phone: (C) _____</p> <p>Employer: _____</p> <p>Phone: (Work) _____</p> <p>Email: _____</p> <p><input type="checkbox"/> This person can pick up my child.</p>
<p style="text-align: center;"><u>EMERGENCY CONTACT</u></p> <p>Relationship to Child: _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>Phone: (H) _____</p> <p>Phone: (C) _____</p> <p>Employer: _____</p> <p>Phone: (Work) _____</p> <p>Email: _____</p> <p><input type="checkbox"/> This person can pick up my child.</p>	<p style="text-align: center;"><u>EMERGENCY CONTACT</u></p> <p>Relationship to Child: _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>Phone: (H) _____</p> <p>Phone: (C) _____</p> <p>Employer: _____</p> <p>Phone: (Work) _____</p> <p>Email: _____</p> <p><input type="checkbox"/> This person can pick up my child.</p>

Emergency Information

I/We the parent/legal guardian of the above named minor do hereby appoint Albany PAL Staff to act on my behalf in authorizing emergency medical, dental, or surgical care and hospitalization in my absence for above named minor.

Parent Signature: _____ **Date:** _____

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Medical Information (Please Print)

Child's Name: _____ D.O.B. _____ Age: _____

Allergies & Special Needs (attach a separate sheet if necessary)

Does your child have any allergies? Y or N Please List: _____

Does your child have any food allergies? Y or N Please List: _____

Does your child take any medications? Y or N Please List: _____

Does your child have any special needs? _____

Has child been suspended, removed or asked not return to any other program? Y or N.

If yes, explain. _____

Physician Information

Physician Name: _____ Office Name: _____

Address: _____

Phone: _____

YOU MUST PROVIDE A COPY OF YOUR CHILD'S IMMUNIZATION RECORDS WITH YOUR APPLICATIONS.

Please indicate if your child has a history of the following:

___ Contact Lenses

___ Skin Problems

___ Fainting

___ Hyperkinesias

___ Appendicitis

___ Severe Headache

___ Anemia

___ Tonsillitis

___ Diabetes

___ Asthma

___ Hay Fever

___ Ear Infections

___ Epilepsy

___ Seizures

___ High Blood Pressure

___ Other: _____

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Payment & Scholarship Information

Method of Payment: Self Pay _____ Social Services _____ Other _____

I/we the parents of _____ wish to apply for a scholarship to attend Albany PAL Afterschool Club for our son(s)/daughter(s). We understand that we may be asked to provide further documentation of need based on the amount we elect to pay.

We understand that the After School Club only meets on normal school days, and that in the event the Albany Public Schools cancel classes or ends a school day early or cancels After School activities, the Albany PAL Afterschool Club will not meet. Afterschool Hours are from 2:30 p.m. to 5:30 p.m., with the option for Late Pick-Up for an additional monthly charge.

I/we understand that the normal full Afterschool Club tuition is \$ 225.00 per month which covers all activities and we do wish to apply for the following tuition amount:

Tier 1 - \$235.00 per month _____

Tier 2 - \$185.00 per month _____

Tier 3 - \$165.00 per month _____

***** **Tier 4 - \$130.00 per month** _____ *****

***** **Tier 5 - \$105.00 per month** _____ *****

*****If applying for Tier 4 or Tier 5, you MUST provide FAMILY INCOME information for all household members, in the form of your most recent tax return AND two most recent paystubs.

_____ I accept Late Pick Up (Afterschool Pick-Up 5:45 p.m.) for an extra charge of \$20.00 per month. I understand that I must pick up my child NO LATER THAN 5:55, WITH A \$1.00 PER MINUTE LATE CHARGE DUE BEFORE MY CHILD MAY ATTEND AGAIN.

_____ I refuse Late Pick Up. I understand that I must pick up my child NO LATER THAN 5:30, WITH A \$1.00 PER MINUTE LATE CHARGE DUE BEFORE MY CHILD MAY ATTEND AGAIN.

Tuition is due on or before the first day of each month.

A \$25.00 REGISTRATION FEE, THE FIRST MONTH AND LAST MONTH'S TUITION ARE DUE UPON APPLICATION; ALL PAYMENTS ARE NON-REFUNDABLE. MONTHLY TUITION IS DUE BY THE 1ST OF EACH MONTH (i.e. October's tuition is due by October 1st).

You may pay with cash, check or money order and receive a receipt in person at the PAL Office with Mrs. Sherry Rose. Returned checks are subject to a \$45.00 return check fee.

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Public Service Client Income Verification Form

The Albany Police Athletic League may be required to collect this information as it is required for particular grants and funders of PAL. The purpose of this information is statistical in nature and only whole numbers will be used. No personal information will be shared or provided to any other governmental agencies at any level. This information is confidential and will remain so at the Albany PAL Office.

STEP 1: Please circle your family size.

STEP 2: Go across that row and circle the number that best represents your family's combined income.**

****A "family" is understood as including ANYONE who lives in your household.**

	FAMILY INCOME			
FAMILY SIZE	LESS THAN	LESS THAN	LESS THAN	MORE THAN
1	\$16,450	\$27,350	\$43,750	\$43,750
2	\$18,800	\$31,250	\$50,000	\$50,000
3	\$21,150	\$35,150	\$56,250	\$56,250
4	\$23,450	\$39,050	\$62,500	\$62,500
5	\$25,350	\$42,000	\$67,500	\$67,500
6	\$27,250	\$45,300	\$72,500	\$72,500
7	\$29,100	\$48,450	\$77,500	\$77,500
8+	\$31,000	\$51,550	\$82,500	\$82,500

STEP 3: Please check one:

I/My child is a member of the following ethnic group:

- () Hispanic/Latino/Spanish Origin
 () Not Hispanic/Not Latino/Not Spanish Origin

STEP 4: Please check one or more:

I/My child is a member of the following racial group(s)

- () American Native or Alaskan Native () Native Hawaiian or other Pacific Islander
 () Asian () Caucasian () Black or African American

STEP 5: Please check one:

My child is from a Female-Headed Household: () Yes () No

Note: A Female-Headed Household has to have at least one additional dependent (for example, Mother and Child/Children)

STEP 6: Please check one:

I/my child resides in the () City of Albany () City of Schenectady
 () City of Troy () City of Rensselaer () Elsewhere_____

Under penalty of perjury I swear that the information is correct and true to the best of my knowledge:

Name

Date

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Conditions of Acceptance

1. **I understand that I must pay the first and last month's tuition prior to beginning PAL Afterschool Club. I further understand that non-payment of my child's tuition for the month means that my child will no longer be able to participate in PAL Afterschool Club, and that I am responsible for making arrangements for other afterschool care. I further understand that ALL FEES ARE NON-REFUNDABLE. Participant's slot will not be reserved without payment of the \$25.00 registration fee, first and last month's tuition.**
2. I agree that all PAL Afterschool Club paperwork (including immunization records) must be handed in before child begins this club.
3. I understand that if I am receiving DSS assistance, PAL must receive approval from DSS prior to my start date.
4. I understand that if any changes are made to registration information (i.e. phone number, address, pick-up authorizations) I must immediately notify Albany PAL Staff.
5. I understand that my child must comply with *PAL Policies & Procedures* and standards of behavior.
6. I agree that the Albany PAL Staff has the right to enforce appropriate standards of conduct and may dismiss a child who infringes on the rights of others.
7. I understand that Albany PAL uses security cameras throughout the building to monitor for security purposes.
8. I understand that mobile devices are not permitted during afterschool program and that PAL Staff reserves the right to confiscate and/or eject my child if s/he fails to comply with this.
9. I understand that there is no refund for voluntary, permanent or temporary withdrawal or dismissal from afterschool club including any absences, illness or vacations. I further understand that unless arrangements to the contrary have been made with the PAL Executive Director I am responsible for the monthly tuition due on or before the first of every month.
10. I give my permission for the use of any photographs, slides or videotapes, which may include my child, to be used in Albany PAL promotional materials and online presence.
11. I give my permission for my child to be transported to and from school and/or field trips.
12. I certify that my child is capable of participating in PAL Afterschool Club activities.
13. I grant the Albany Police Athletic League (PAL), Inc and its agent's full authority to take whatever action they deem necessary regarding my child's health and safety and I fully release the Albany Police Athletic League (PAL), Inc and its agents from liability in connection with those decisions.
14. I understand the tuition payments, regardless of scholarship level, are due by the first day of each month.

I/WE, the Parents or guardians, hereby give my/our approval for our child to participate in any and all PAL activities. **In particular, the Albany PAL Afterschool Club at the PAL Center @ VI, 844 Madison Ave. Albany, NY 12208.** I/we know that participation in PAL activities may result in serious injury, and that protective equipment does not prevent all injuries to players and/or participants, and I/we do hereby waive, release, absolve, indemnify and agree to hold harmless the Albany Police Athletic League, PAL Board members, National PAL, organizers, sponsors, supervisors, participants and persons transporting my/our child to and from activities from any claim arising out of any injury to my/our child whether the result of negligence or any other cause. I/we do hereby give permission for my child to receive medical treatment in case of an emergency if I/we cannot be contacted. I/We do hereby give permission for my/our child's photo likeness to be used in any and all PAL promotional literature.

Parent/Guardian Signature: _____ Date: _____

“Kids, Cops & Community, Working Together for a Brighter Tomorrow”

Method of Payment: Cash _____ Check: _____ Amount \$ _____

Payment Taken by: _____ Date: _____