

Albany PAL Spring Break Camp 2020 Enrollment Form

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

Child Information --Please Print Clearly

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

Date of Birth: ____/____/____ Age: _____

School: _____ Grade: _____

Home Address: _____ City: _____ Zip: _____

Albany Public Housing or Section 8 Benefactor (Circle): Y/N

Female Head of Household (Circle): Y/N

Does your child qualify for free or reduced lunch program (Circle): Y/N

Ethnicity: Black/African American () Caucasian () Asian ()

Hispanic/Latino/Spanish Origin () Other ()

Parent/Guardian Information (Please Print)

Parent/Guardian Name (Primary Contact): _____

Address: _____ City: _____ Zip: _____

Cell #: _____ Employer: _____ Work#: _____

Home# _____ Email: _____

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

Work #: _____ Cell #: _____

Email: _____

Parent's Marital Status: _____

If separated or divorced, who has legal custody? _____

(Note: 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.

Emergency Information

<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>

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)

Camper Name: _____ D.O.B. _____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

School: _____ Grade: _____

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

Does your child have any 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: _____

***IMMUNIZATION RECORDS MUST BE HANDED IN BEFORE YOUTH CAN BEGIN THE ALBANY PAL DAY CAMP.**

Please indicate if the camper has a history of the following:

___ Contact Lenses

___ Skin Problems

___ Fainting

___ Hyperkinesias

___ Appendicitis

___ Severe Headache

___ Anemia

___ Tonsillitis

___ Diabetes

___ Asthma

___ Hay Fever

___ Ear Infections

___ Swimmer's Ear

___ Seizures

___ High Blood Pressure

___ Other: _____

Albany PAL Spring Break Camp 2020 Enrollment Form Payment Information

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

Do You Receive Section 8/Albany Housing Assistance? _____ YES _____ NO

The full tuition cost of Albany PAL Winter Camp is \$275.00 per week and includes all snacks and lunch (children with special dietary requirements must bring their own snack and lunch) materials, activities and field trip costs. You may apply for any of the following scholarships:

Tier 1 Scholarship -	_____	\$205.00
Tier 2 Scholarship -	_____	\$165.00
Tier 3 Scholarship -	_____	\$130.00
Tier 4 Scholarship -	*** _____	\$105.00***
DSS Open Child Care Case	_____	I am responsible for any parent fees

IF YOU ARE APPLYING FOR THIS LEVEL YOU MUST PROVIDE INCOME INFORMATION FOR ALL FAMILY MEMBERS

Earlier Drop-Off of participants MUST BE PRE-ARRANGED

I/we the parents of _____ wish to apply for the above scholarship for the Albany PAL Winter Camp Club for our son/daughter. We understand that we may be asked to provide further documentation of need based on the amount we elect to pay. I/we understand that the full camp tuition covers all camp activities and field trips.

- Registration will be considered on a first come basis
- \$25.00 Registration Fee, Tuition and application are due upon registration.
- 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.
- Camp Hours are 8:30 am to 5:30 pm; you must pick up your child by 5:30. A late fee of \$1.00 per minute will be charged after the 5:30 pick up time.

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.

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

ALBANY PAL SPRING BREAK CAMP RULES

Conditions of Acceptance

1. I understand that the PAL registration fee is non-refundable. Campers' slot will not be reserved without a registration fee.
2. I agree that all Winter Camp paperwork, including immunization forms, must be handed in AND ALL TUITION PAID before camper begins camp. **Children may not participate in camp until all forms are completed and on file at the Albany PAL Center @ VI, 844 Madison Ave., Albany and tuition is paid.**
3. 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.
4. I understand that my child must comply with camp rules and standards of behavior. I agree that the Albany PAL Camp Staff has the right to enforce appropriate standards of conduct and may dismiss a camper who infringes on the rights of others.
5. I understand that there is no refund for voluntary, permanent or temporary withdrawal or dismissal from camp 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 full camp tuition.
6. 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.
7. I give my permission for my child to be transported to and from camp field trips.
8. I certify that my child is capable of participating in camp activities.
9. 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.
10. I understand the tuition payment, regardless of scholarship level, are due at the times detailed on the Payment & Scholarship information page.
11. I understand that if I pick my child up late (after 5:30 pm), there is a \$1.00 per minute late charge that I am responsible for paying.

I/WE, the Parents or guardians of the above named child, hereby give my/our approval for our child to participate in any and all PAL activities. **In particular, the Albany PAL Spring Break Camp at 844 Madison Avenue, Albany, NY.** 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.

Albany Police Athletic League Permission to Swim: Please take the time to read the rules for the pool over with your child. Children must have this permission slip signed in order to participate in pool activities.

Pool & Beach Rules:

1. Follow lifeguard's instructions
2. No running
3. Keep hands and feet to yourself
4. No diving
5. No food or drinks are allowed in the pool area
6. No pushing into or out of the pool
7. No climbing on ropes
8. No rough playing or splashing

I, _____, give my child, _____, permission to participate in swimming or related activities while at Albany Police Athletic League, Spring Break Camp. My child has read and understands the pool and splash pad rules and will abide by them.

Parent/Guardian Signature: _____ **Date:** _____

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