



**Welcome Back to School...ish!**



**Albany PAL is Still Here for You**  
for Afterschool or Your Flexible School Week Needs!

Following the Albany City School District Calendar (and subject to change), Albany PAL now offers

**Albany PAL CARES Childcare for the School Year**

Flexible Days as Needed per your School Needs, Daily Rates Apply

Your child will receive Lunch and Afternoon Snack on Full Days,  
and Afterschool Snack on Afterschool-Only Days,  
along with homework help as needed,  
schoolwork guidance, and a safe and nurturing environment,  
**so you can work and not worry!**

Simply sign up for the model that works for you and your child;

**Full Day Care OR Afterschool Care Only**

DSS Accepted with an Open Childcare Case  
Following All CDC Protocols and Requirements  
Cloth Masks Required Daily

For More Information, Call the PAL Office **518-435-0392**  
or visit **albanypal.org**

# Albany PAL CARES Childcare 2020/21 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.**

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: \_\_\_\_\_

2<sup>nd</sup> 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)

# Albany PAL CARES Childcare 2020/21 Enrollment Form

## 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? \_\_\_\_\_

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Is there anything else you wish to let us know about your child? \_\_\_\_\_

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 \_\_\_\_\_ DSS \_\_\_\_\_ 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, following the Albany City School District Calendar, 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 begin at school dismissal (2:00 p.m.) to 5:30 p.m., with an option for Late Pick-Up when pre-arranged with PAL Administrative Staff. Lunch and afternoon snack is included with Full Day Option; afternoon snack included with Afterschool Only Option.**

I/we understand that the normal full Afterschool tuition is \$ 260.00 per month which covers all activities and we do wish to apply for the following tuition amount:

### FULL DAY OPTION

Tier 1 - \$50.00 per day \_\_\_\_\_  
Tier 2 - \$42.50 per day \_\_\_\_\_  
\*\*\*\* Tier 3 - \$32.50 per day \_\_\_\_\_ \*\*\*\*  
\*\*\*\* Tier 4 - \$25.00 per day \_\_\_\_\_ \*\*\*\*

### AFTERSCHOOL ONLY OPTION

Tier 1 - \$10.00 per day \_\_\_\_\_  
Tier 2 - \$9.00 per day \_\_\_\_\_  
\*\*\*\* Tier 3 - \$7.50 per day \_\_\_\_\_ \*\*\*\*  
\*\*\*\* Tier 4 - \$6.00 per day \_\_\_\_\_ \*\*\*\*

My child will attend these Full Days:

\_\_\_\_\_ M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ TH \_\_\_\_\_ F \_\_\_\_\_  
(Parent Initials)

My child will attend Afterschool Only on these days:

\_\_\_\_\_ M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ TH \_\_\_\_\_ F \_\_\_\_\_  
(Parent Initials)

### OFFICE USE ONLY

Full Days(#) \_\_\_\_\_ A/S Days(#) \_\_\_\_\_ Total Owed: \_\_\_\_\_ Staff Initials \_\_\_\_\_

\*\*\*\*\*If applying for Tier 3 or Tier 4, you MUST provide FAMILY INCOME information for all household members, in the form of your most recent tax return or 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 THE NEXT SESSION.

\_\_\_\_\_ 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 THE NEXT SESSION.

Those applying for a scholarship or DSS must receive approval prior to beginning care.

**Tuition is due on or before the first day of care each week.**

A \$25.00 REGISTRATION FEE, AND TWO WEEKS' TUITION ARE DUE UPON APPLICATION; ALL PAYMENTS ARE NON-REFUNDABLE. WEEKLY TUITION IS DUE BY THE 1<sup>ST</sup> OF EACH WEEK (MONDAY), OR THE FRIDAY BEFORE.

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.

# Albany PAL CARES Childcare 2020/21 Enrollment Form

## 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:

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

# Albany PAL CARES Childcare 2020/21 Enrollment Form

## 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;"><b><u>PRIMARY CONTACT</u></b></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;"><b><u>SECONDARY CONTACT</u></b></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"/> <b>This person can pick up my child.</b> This person can pick up my child and I have explained drop off and pick-up protocols to them. (ID Required)</p>
<p style="text-align: center;"><b><u>EMERGENCY CONTACT</u></b></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"/> <b>This person can pick up my child and I have explained drop off and pick-up protocols to them. (ID Required)</b></p>	<p style="text-align: center;"><b><u>EMERGENCY CONTACT</u></b></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"/> <b>This person can pick up my child and I have explained drop off and pick-up protocols to them. (ID Required).</b></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:** \_\_\_\_\_

ALBANY PAL CARES CHILDCARE RULES

Parent Initials

- \_\_\_\_\_ 1. I understand that the PAL registration fee is non-refundable. Children’s slot will not be reserved without registration fee (\$25.00), first and last month’s tuition. 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**
- \_\_\_\_\_ 2. I agree that all care paperwork, including immunization forms, must be handed in before child begins care. *Children may not participate in care until all forms are completed and on file at the Albany PAL Center @ VI, 844 Madison Ave., Albany.*
- \_\_\_\_\_ 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 my child(ren) **MUST** wear a mask at all times during care. All registered children will be issued two cloth masks for their personal use, and **MUST** put on prior to entering the building each day. I also understand that I must wear a mask while dropping off and picking up my child.
- \_\_\_\_\_ 5. I understand that my child(ren) will have their temperature taken and a visual wellness check prior to entering the building each day. If my child(ren) exhibits an inflated temperature (100.4 or above) they will not be allowed to remain at day care or return to day care until 24 hours after their temperature returns to normal.
- \_\_\_\_\_ 6. I understand that if my child is sick (cough, runny nose, fever, vomiting, diarrhea, skin rash, etc.) they will not be allowed at day care. I also understand that if my child develops any of the prior-mentioned symptoms during the course of the day, I must pick him/her/the up immediately from care, and they may not return until they are symptom-free.
- \_\_\_\_\_ 7. 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.
- \_\_\_\_\_ 8. I understand that a parent or guardian **MUST** physically sign in and sign out the child each day from care, and a child is not allowed to sign themselves in and out. All adults and children must wear a mask upon entering the building and while inside. A one-way entrance and one-way exit door will be utilized to ensure the safety of all children/families/visitors.
- \_\_\_\_\_ 9. No outside toys/stuffed toys/games/electronics from home will be allowed in the building. Parents may call the PAL Center in case of emergency or to reach their child. Belongings and backpacks will be stored in an individual pre-assigned cubby for the safety of employees and campers. Children should not bring in/wear any valuables, including jewelry, electronics, cell phones, laptops, iPads, Ipods, Airpods, headphones, handheld gaming devices, tablets, etc. If a child does bring any of these items they will be confiscated and returned at the end of the day. Albany PAL is not responsible for any loss or theft.
- \_\_\_\_\_ 10. I understand that my child must comply with PAL rules and standards of behavior. 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.
- \_\_\_\_\_ 11. I understand that there is no refund for voluntary, permanent or temporary withdrawal or dismissal from care including any absences, illness, vacations or suspensions due to behavior issues. I further understand that unless arrangements to the contrary have been made with the PAL Executive Director I am responsible for the full tuition.
- \_\_\_\_\_ 12. 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.
- \_\_\_\_\_ 13. I understand that Albany PAL uses security cameras throughout the building to monitor for security purposes.
- \_\_\_\_\_ 14. 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.
- \_\_\_\_\_ 15. I certify that my child is physically, socially & emotionally capable of participating in day care.
- \_\_\_\_\_ 16. I give my permission for my child to be transported to and from school and/or field trips.
- \_\_\_\_\_ 17. I understand that I must socially distance at drop off and when picking up my child on the marked pavement spots in order to comply with CDC Safety protocols. I further understand that one family will be checked in/out at a time.
- \_\_\_\_\_ 18. I understand that I will be charged \$1.00 per minute for each minute I am late picking up my child from care.
- \_\_\_\_\_ 19. I understand the tuition payment, regardless of scholarship level, is due **WEEKLY** and my payment **must be current in order for my child to attend care each week.**

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.

\_\_\_\_\_ **Signature of Parent/Guardian**

\_\_\_\_\_ **Date**

**Method of Payment:** Cash \_\_\_\_\_ **Check#:** \_\_\_\_\_ **Amount Received \$** \_\_\_\_\_

**Application Received and Reviewed with Parent By (PAL Staff Name):** \_\_\_\_\_