



PAL CARES

School Age Summer Child Care

@ American Little League Park

First Ave. & Krank St.

(Next to A.C.C.S. and opposite Krank Park)

July 6 – August 12

8:00am – 5:30pm

Limited Space Available – Don't Miss Out!

Following the NYS & CDC Safety Protocols for Child Care Programs

Open to all school-aged youth ages 4-13 Limited spaces available – don't miss out!

Practicing required safety and social protocols per NYS and CDC Guidelines

Includes:

Water bottle, 3 T-shirts, daily breakfast, lunch and snack,
all activities with a nurturing, safe environment.

Also includes a Back-to-School backpack with supplies!

SPECIAL CDBG SCHOLARSHIPS NOW AVAILABLE

Go to albanypal.org for application, or call the PAL Office at 518-435-0392 for more Info

TO SIGN UP YOUR CHILD:

GO TO THE PAL CENTER - 844 MADISON AVENUE, 9:00AM-5:00PM

Presented by the Albany Community Development Agency,
the Albany Police Dept., the City of Albany and Albany PAL

Working together for a brighter future!

ALBANY PAL CARES CAMP RULES - AMERICAN LITTLE LEAGUE SITE

Parent Initials

- _____ 1. I understand that the PAL registration fee is non-refundable. Children's slot will not be reserved without registration fee and first payment.
- _____ 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 my child(ren) **MUST WEAR A CLOTH MASK AT ALL TIMES DURING CARE, AND MUST PUT ON PRIOR TO ENTERING THE FACILITY EACH DAY.** I also understand that I must wear a mask while dropping off and picking up my child
- _____ 4. 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 (above 100.0) they will not be allowed to remain at day care or return to day care until 24 hours after their temperature returns to normal.
- _____ 5. 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.
- _____ 6. 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.
- _____ 7. 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.
- _____ 8. No outside toys/stuffed toys/games/electronics from home will be allowed in the building. Parents may call the PAL Center/American Little League 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 camper does bring any items they will be confiscated and returned at the end of the day. Albany PAL is not responsible for any loss or theft.
- _____ 9. I understand that my child must comply with PAL rules and standards of behavior. I agree that the Albany PAL Child Care Staff has the right to enforce appropriate standards of conduct and may dismiss a child who infringes on the rights of others.
- _____ 10. I understand that there is no refund for voluntary, permanent or temporary withdrawal or dismissal from care 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 tuition.
- _____ 11. 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.
- _____ 12. I understand that Albany PAL uses security cameras throughout the building to monitor for security purposes.
- _____ 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 certify that my child is physically, socially & emotionally capable of participating in day care.
- _____ 15. I understand that my child will be issued 3 Albany PAL T-shirts and, that he/she must wear the shirt with the appropriate pants/shorts and foot gear when at care.
- _____ 16. 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.
- _____ 17. I understand that I will be charged \$1.00 per minute for each minute I am late picking up my child from care.
- _____ 18. I understand that my child may be going to the public splash pad located across the street from the Park, and I give permission for my child to go in the public splash pad, and furthermore, will send my child daily with a bathing suit, towel and flip flops or pool shoes to wear while at the splash pad.
- _____ 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 day care each week.
- _____ 20. I/WE, the Parents or guardians of the above named candidate for a position on the Albany Police Athletic League Inc. (PAL), hereby give my/our approval for our child to participate in any and all PAL activities. 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): _____

Payment Taken by (PAL Staff Name): _____ Date: _____

**ALBANY PAL CARES CAMP Enrollment Form
AMERICAN LITTLE LEAGUE SITE**

Child Information (Please Print Neatly)

**PLEASE READ AND UNDERSTAND EVERYTHING YOU ARE SIGNING
ALL LINES MUST BE FILLED OUT – IF NOT RELEVANT, PLEASE MARK AS N/A**

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

Date of Birth: _____ **Age:** _____

Grade in School Year 2020-21 _____ **School:** _____

Address: _____ **City:** _____ **Zip:** _____

Female Head of Household (Circle): Y/N

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

Ethnicity: Black/African American () Hispanic/Latino/Spanish Origin ()

Caucasian () Asian/Pacific Islander () Other ()

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

Parent/Guardian Information (PLEASE PRINT NEATLY)

Parent/Guardian Name (Primary Contact): _____

Address: _____ **City:** _____ **Zip:** _____

Cell#: _____ **Email:** _____

Employer: _____ **Supervisor Name:** _____

Employer Address: _____ **Supv. Phone#** _____

2nd Parent/Guardian Name: _____

Address: _____ **City:** _____ **Zip:** _____

Cell#: _____ **Email:** _____

Employer: _____ **Supervisor Name:** _____

Employer Address: _____ **Supv. Phone#:** _____

Parent's Marital Status: Single () Married () Separated () Divorced ()

If separated or divorced, who has legal custody? _____

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

**ALBANY PAL CARES CAMP Enrollment Form
AMERICAN LITTLE LEAGUE SITE**

Medical Information (Please Print)

PLEASE NOTE: CHILD MUST BE WELL TO ATTEND CAMP DAILY. DAILY WELLNESS CHECK AND DAILY TEMPERATURE CHECK WILL BE PERFORMED BY PAL STAFF UPON ARRIVAL; MASK MUST BE WORN AT ALL TIMES. TEMPERATURE ABOVE 100.9 WILL RESULT IN CHILD NOT BEING ABLE TO ATTEND CAMP THAT DAY; CHILD MAY RETURN WHEN SYMPTOM-FREE AND TEMPERATURE RETURNS TO NORMAL.

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

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

School: _____ Grade in School Year 2020/21: _____

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: _____
(PLEASE NOTE: Albany PAL Staff/Camp Staff is not allowed to dispense medications)

Does your child have any special needs? _____

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:

- | | |
|--|--|
| <input type="checkbox"/> Contact Lenses | <input type="checkbox"/> Skin Problems |
| <input type="checkbox"/> Fainting | <input type="checkbox"/> Hyperkinesia |
| <input type="checkbox"/> Appendicitis | <input type="checkbox"/> Severe Headache |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Tonsillitis |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Ear Infections |
| <input type="checkbox"/> Swimmer's Ear | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Other: _____ |

**ALBANY PAL CARES CAMP Enrollment Form
AMERICAN LITTLE LEAGUE FACILITY**

Payment & Scholarship Information

The full tuition cost of Albany PAL Day Care is \$225.00 per week and includes 2 cloth masks, water bottle, breakfast, lunch & snack, materials, activities & camper t-shirts and up to 9 hours of daily care.

Method of Payment: _____ Self Pay _____ DSS _____ Other Explain) _____

I/we the parents of _____ wish to sign up our child to attend Albany PAL Essential Employee Youth Day Care. I/We understand that Day Care Hours are 8:30 a.m. to 5:30 p.m. I/We understand that we will be asked to provide official organization documentation of being deemed an essential employee in order to apply for care. I/we understand that the tuition of \$225.00 per week covers all activities and we do wish to apply for the following tuition amount:

Are You Eligible or Receiving Section 8 or Public Housing Assistance (Please circle): *Y/N

*** IF YES--MUST SUPPLY A COPY OF YOUR ALBANY HOUSING AUTHORITY LEASE OR SECTION 8 AWARD LETTER AT TIME OF APPLICATION***

Full Cost	\$ 225.00 per week	_____
Tier 2	\$ 185.00 per week	_____
Tier 3	\$ 150.00 per week	_____
Tier 4	\$ 120.00 per week	_____
Tier 5	***** \$ 95.00 per week	_____ *****
Tier 6	*****\$ 55.00 per week	_____ *****
Tier 7	I Request a Full Scholarship _____	

*******If applying for Tier 5, Tier 6 or Tier 7 you MUST provide FAMILY INCOME information for all household members, in the form of your most recent tax return AND two most recent paystubs.**

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

Weekly payment is due on Monday prior to child's beginning care day; bi-weekly payments may also be made on Monday prior to child beginning their care day.

A \$25.00 registration fee and the first week's tuition are due upon application; this payment is non-refundable. You may pay with cash, check or money order and receive a receipt in person at the PAL Office. Returned checks are subject to a \$45.00 return check fee.

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 SIZE	FAMILY INCOME			
	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 all that apply:

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/White () Black or African American () Other

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_____

Are You Eligible or Receiving Section 8 or Public Housing Assistance (Please circle): *Y/N

*** IF YES MUST SUPPLY A COPY OF YOUR ALBANY HOUSING AUTHORITY LEASE OR SECTION 8 AWARD LETTER AT TIME OF APPLICATION***

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

Parent's Signature

Date

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AMERICAN LITTLE LEAGUE FACILITY**

CONTACT/TRANSPORTATION INFORMATION

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

PARENT MUST INFORM ANYONE DROPPING OFF OR PICKING UP THEIR CHILD THE SAFETY PROTOCOLS AND MASK REQUIREMENTS IN PLACE AT ALBANY PAL

<p 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 align="center"><u>SECONDARY 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 and I have explained drop off and pick-up protocols to them. (ID Required)</p>
<p 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 and I have explained drop off and pick-up protocols to them. (ID Required)</p>	<p 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 and I have explained drop off and pick-up protocols to them. (ID Required)</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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Signature of Parent/Guardian

Date

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

Application Received and Reviewed with Parent By (PAL Staff Name): _____

Payment Taken by (PAL Staff Name): _____ Date: _____