



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

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!

Unfortunately, we cannot accommodate weekly half-days. Please
make arrangements ahead of time.

DSS Accepted with an Open Childcare Case
Following All CDC Protocols and Requirements

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

Albany PAL CARES Childcare 2022/23 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.**

Student'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/Pacific Islander ()

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: _____

Address: _____ City: _____ Zip: _____

Cell #: _____ Employer: _____ Work#: _____

Home# _____ 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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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? _____

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

___ Fainting

___ Appendicitis

___ Anemia

___ Diabetes

___ Hay Fever

___ Epilepsy

___ High Blood Pressure

___ Skin Problems

___ Hyperkinesias

___ Severe Headache

___ Tonsillitis

___ Asthma

___ Ear Infections

___ Seizures

___ Other: _____

**Albany PAL CARES Childcare
2022/23 Enrollment Form
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.

I/we understand that the normal full **Afterschool tuition** is \$ 245.00 per month which covers all activities and we do wish to apply for the following tuition amount:

Full Tuition- \$245.00 per month _____

Tier 1 - \$190.00 per month _____

Tier 2 - \$145.00 per month _____

Tier 3 - \$125.00 per month _____

****** Tier 4 - \$105.00 per month** _____ ********

*******If applying for Tier 4, you MUST provide FAMILY INCOME information for all household members, in the form of your most recent tax return & 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 PM, if late I will be billed a \$1.00 PER MINUTE LATE CHARGE. The late charge fee is DUE to PAL BEFORE MY CHILD MAY ATTEND THE NEXT SESSION.**

Virtual Learning and Non School Days

******If your child has a virtual learning day or non-school day and sufficient notice is given to PAL, we may be able to accommodate for full day care. ******

Vacation Camps

Albany PAL offers full day care during the Christmas Holiday, Winter Break and Spring Break Vacations. Enrollment is open to AS Participants first then the general public on a first come basis. For more information, contact Ms. Allie at programmgr@albanypal.org

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

A \$25.00 REGISTRATION FEE, FIRST AND LAST MONTH TUITION ARE DUE WITH APPLICATION UPON REGISTRATION; ALL PAYMENTS ARE NON-REFUNDABLE.

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

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

OFFICE USE ONLY

Total Owed (Requested Tier amount) + \$25.00 Reg. Fee = _____ Received by: _____

Method of Payment: Cash: _____ Check: _____ DSS: _____

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Public Service Client Income Verification Form

The Albany Police Athletic League-PAL 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

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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.

<u>PRIMARY CONTACT</u>	<u>SECONDARY CONTACT</u>
<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>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 and I have explained drop off and pick-up protocols to them. (ID Required)</p>
<u>EMERGENCY CONTACT</u>	<u>EMERGENCY CONTACT</u>
<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>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:** _____

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 PAL follows the Albany City School District Calendar. If your child attends a charter Charter/parochial school, we are unable to accommodate weekly half-days.
- _____ 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 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 **MONTHLY** and my payment must be current in order for my child to attend care 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.

Signature of Parent/Guardian

Date

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

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