



**PAL CARES  
School Age Summer Camp**

**June 29, 2026 - August 28, 2026**

**Closed July 3, 2026**

**8:15am – 5:30pm**

**844 Madison Avenue**

**Limited Space Available**

**Flexible Fee Structure/DSS Accepted**

**(Must Have an Open Child Care Case for DSS Approval)**

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

**Includes:**

**Daily breakfast, lunch and snack**

**Fieldtrips**

**Water bottle, 3 T-shirts**

**all activities with a nurturing, safe environment.**

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

Go to [albanypal.org](http://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**

***Kids, Cops & Communities Working together for a brighter future!  
Every Kids Needs a PAL!***

(parent keeps this copy)

# PAL CARES School Age Summer Child Care Rules

Parent Initials

- \_\_\_\_\_ 1. I understand that a completed Registration Packet must contain all requested information, fee (non-refundable) & week's tuition must accompany completed paperwork which also includes immunization records, emergency contact information & financial documents (based on level selected). First week's tuition is due prior to the child's first day of camp. (save a step & pay both now)
- \_\_\_\_\_ 2. PAL cannot hold space without all of the above
- \_\_\_\_\_ 3. Initial intake of paperwork must be in person at 844 Madison & will require reviewing the paperwork with PAL intake staff.
- \_\_\_\_\_ 4. Temperature check & verbal illness check will be done upon arrival daily.
- \_\_\_\_\_ 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. You may authorize up to 4 persons on your contact sheet (not including parents listed on front page), who are authorized to pick your child up. If someone comes to pick up your child not on the list they will not be allowed to enter the building or pickup your child.
- \_\_\_\_\_ 8. No outside toys/stuffed toys/games/electronics from home will be allowed in the building. Campers may not bring in or wear any valuables, including jewelry, electronics, cell phones, laptops, iPads, iPods, AirPods, headphones, handheld gaming devices, tablets, etc. If a camper is found in possession of any prohibited items, said items will be confiscated and return to campers' parent or guardian at pickup. A second violation will result in an immediate one week suspension with the 3<sup>rd</sup> violation leading to removal from the program.  
Parents may call the PAL Center in case of emergency or to reach their child. Likewise, children will be allowed to call their parents upon request. All personal effects such as Backpacks, water bottles or jackets will be kept in the campers pre-assigned cubby while at Camp. 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. I also understand tuition is due each Friday for the following week.
- \_\_\_\_\_ 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 when at care. No open toe shoes or flipflops are allowed at camp except water shoes when in the splash pad or swimming.
- \_\_\_\_\_ 16. I understand that I will be charged \$1.00 per minute for each minute I am late picking up my child from care, and that late fees are due before my child can return to camp.
- \_\_\_\_\_ 17. 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.
- \_\_\_\_\_ 18. I give my child permission to participate in swimming or related activities while at Albany Police Athletic League Summer Camps. My child has read and understands the Pool and/or Splash Pad rules and will abide by them.
- \_\_\_\_\_ 19. I understand that there will be no camp program provided on July 3.
- \_\_\_\_\_ 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: _____

(parent keeps this copy)

**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 2026-2027** \_\_\_\_\_ **School:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**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:** \_\_\_\_\_ **Work Phone #** \_\_\_\_\_

**Supervisor Name:** \_\_\_\_\_ **Supv. Phone#** \_\_\_\_\_

**Employer Address:** \_\_\_\_\_

**2<sup>nd</sup> Parent/Guardian Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Cell#:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Work Phone #** \_\_\_\_\_

**Supervisor Name:** \_\_\_\_\_ **Supv. Phone#** \_\_\_\_\_

**Employer Address:** \_\_\_\_\_

**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)**

# PAL CARES School Age Summer Child Care Enrollment Form

## Medical Information (Please Print)

**PLEASE NOTE: CHILD MUST BE WELL TO ATTEND CAMP DAILY. DAILY TEMPERATURE WILL BE TAKEN UPON ENTERING BUILDING. FACE MASKS ARE OPTIONAL (PENDING DOH GUIDELINES)**

Child's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

School: \_\_\_\_\_ Grade Entering in September: \_\_\_\_\_

### **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 medication? \*\*    Y or N            Please List: \_\_\_\_\_  
(PLEASE NOTE: Albany PAL Staff/Camp Staff are not allowed to dispense medications)

Does your child have any special instructions or 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: _____    |

# PAL CARES School Age Summer Child Care Enrollment Form Payment & Scholarship Information

The full tuition cost of Albany PAL Day Care is \$290.00 per week for all snacks, breakfast and lunch; materials, activities & 3 camper T-shirts and up to 9.25 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 School Age Summer Camp. I/We understand that Day Care Hours are 8:15 a.m. to 5:30 p.m. I/we understand that the tuition of \$290.00 per week covers all activities and we do wish to apply for the following tuition amount:

Full Cost	\$ 290.00 per week	_____
Tier 1 Scholarship	\$ 215.00 per week	_____
Tier 2 Scholarship	\$ 190.00 per week	_____

I/we understand that we are responsible for camp payments for the full 9-week program (at the V.I) 6/30/25-8/28/2025 (no program 7/4/25). I/we understand that proof of income in form of two most recent paystubs AND the most recent household tax returns for Tier 3 & 4:

Tier 3 Scholarship	***** \$ 160.00 per week	_____*****
Tier 4 Scholarship	***** \$ 130.00 per week	_____*****
Tier 5 Scholarship	***** \$ 105.00 per week	_____*****

**You must have DSS must approval prior to beginning camp (talk to your caseworker) .**

**Unless otherwise arranged with PAL upon registration of my child, I understand that my first week's tuition is due upon acceptance, and my 2<sup>nd</sup> week's tuition is due on or before my child starts the first week of camp.** Weekly payments are due on Fridays for the following weeks activities. Bi-weekly camp payments must be discussed with the Executive Director at the time of application or at the orientation.

**A \$25.00 registration fee and the last week's tuition are due with your application (based on whatever level you have requested). The First Weeks tuition must be paid before starting camp (or at the time of application).**

**These payments guarantee your space in camp and are non-refundable.**

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

**OFFICE USE ONLY**

**Total Owed (Including Reg. Fee/Parent Fee):** \_\_\_\_\_ **Staff Initials** \_\_\_\_\_

**Method of Payment:** Cash \_\_\_\_\_ **Check:** \_\_\_\_\_ **Amount Rec'd \$** \_\_\_\_\_

**Payment Taken by (Staff Name):** \_\_\_\_\_

# 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

**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

**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      ( ) Middle Eastern      ( ) Black or African American      ( ) Caucasian

**Please check one:**

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

**Note:**

**A Female-Headed Household MUST INCLUDE at minimum, A Mother or Female Guardian and 1 child.**

**Please check one:**

I/My child is an Albany Public Housing Resident or Section 8 Benefactor: ( ) Yes    ( ) No

**Please check one:**

I/my child resides in the    ( ) City of Albany                      ( ) City of Schenectady  
 ( ) City of Troy                      ( ) City of Rensselaer                      ( ) Elsewhere \_\_\_\_\_

**Please check one:**

My family/child qualify for the free or reduced lunch program at school: Yes ( ) No ( )

**Please fill in the blanks:**

**Primary language spoken at home:** \_\_\_\_\_ 2<sup>nd</sup>. Language \_\_\_\_\_

**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**

# PAL CARES School Age Summer Child Care 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.**

**PARENT MUST NOTIFY ALBANY PAL IN ADVANCE IF ANYONE OTHER THAN THE BELOW NAMED INDIVIDUALS ARE PICKING UP THEIR CHILD.**

<p style="text-align: center;"><b><u>PRIMARY CONTACT</u></b></p> Relationship to Child: _____ Name: _____ Address: _____ Cell #: _____ Employer: _____ Phone: (Work) _____ Email: _____ Other: _____	<p style="text-align: center;"><b><u>SECONDARY CONTACT</u></b></p> Relationship to Child: _____ Name: _____ Address: _____ Cell #: _____ Employer: _____ Phone: (Work) _____ Email: _____ Other: _____  <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 style="text-align: center;"><b><u>EMERGENCY CONTACT</u></b></p> Relationship to Child: _____ Name: _____ Address: _____ Cell #: _____ Employer: _____ Phone: (Work) _____ Email: _____ Other: _____  <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 style="text-align: center;"><b><u>EMERGENCY CONTACT</u></b></p> Relationship to Child: _____ Name: _____ Address: _____ Cell #: _____ Employer: _____ Phone: (Work) _____ Email: _____ Other: _____  <input type="checkbox"/> This person can pick up my child, and I have explained drop-off and pick-up protocols to them. (ID Required)

### 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:** \_\_\_\_\_

# PAL CARES School Age Summer Child Care Rules

## Parent Initials

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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: \_\_\_\_\_

Proof of income: W-2 \_\_\_\_\_ 2 Paystubs \_\_\_\_\_ Immunization Records: \_\_\_\_\_

# PARENT CHECKLIST

Parents, please review the checklist below and requirements before turning in your application. Please initial each line that you have double checked, has been completed. When you're sure you have fulfilled the requirements, bring your completed application, supporting documents (immunization records and financial information if necessary) and initial payments to PAL. Upon arrival a staff member MUST sit with you to review your paperwork for accuracy and completeness.

Our goal is to ensure your child is enrolled before you leave and you do not jeopardize his/her place in camp by not completing the process. Thank you and we look forward to working with your child/ren.

\_\_\_\_\_ **Completed application** – Every line needs to contain information. If something does not apply then the applicant is to write N/A on that line. We must have at least 2 emergency contacts in addition to the parent contact.

\_\_\_\_\_ **Immunization Records** – Copies of the most recent immunization records are required at time of application. Cannot be more than 12 months old.

\_\_\_\_\_ **Registration Fee** – \$25 registration fee Is required with application.

\_\_\_\_\_ **Tuition/Extra Fees** –Last week's payment is required at application intake. The first week's payment will be due before camp starts. If scholarship requested, the scholarship amount is what is due. Applicant will be notified if the requested scholarship is not awarded and the deposit is refunded.

\_\_\_\_\_ **Financial Information** – (If required) based on scholarship requested, financial documentation required with application (2 most recent paystubs, most recent tax return)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# **MEMBERSHIP INTAKE CHECKLIST**

(For Office Use Only)

To be completed with the parent at time of application intake.

\_\_\_\_\_ Completed application – Every line needs to contain information. If something does not apply than the applicant is to write N/A on that line. We must have at least 2 emergency contacts in addition to the parent contact.

\_\_\_\_\_ Immunization Records – Copies of the most recent immunization records are required at time of application. Cannot be more than 12 months old.

\_\_\_\_\_ Registration Fee – (If required) for programs stating a registration fee is required with application.

\_\_\_\_\_ Tuition/Extra Fees – (If required) for programs that require an additional fee. If weekly/monthly fees, first AND last payment are required at application intake. If scholarship requested, the scholarship amount is what is due. Applicant will be notified if the requested scholarship is not awarded and the deposit is refunded.

\_\_\_\_\_ Financial Information – (If required) based on scholarship requested, financial documentation as detailed is required with application.  
(2 most recent paystubs, most recent tax return)

Application Received From: \_\_\_\_\_

Received from signature: \_\_\_\_\_

PAL Staff Receiving: \_\_\_\_\_

Date: \_\_\_\_\_