



AFTER SCHOOL PROGRAM MEMBERSHIP FORM

This section is to be completed by Massena PAL Staff:

Grade (Fall 2024): _____ School: _____

Date Received: _____

Payment: _____

**Please Print Clearly, Thank You.*

Please circle one: New to PAL : _____ Returning: _____

Member's First Name: _____ Middle: _____ Last: _____

Home Address: _____ Town: _____ State: _____ Zip Code: _____

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

Home Phone #: _____ E-Mail Address: _____

School: _____ Grade Last Year: _____ Grade This Year: _____ Ethnicity: _____

Teacher: _____ School Counselor: _____

Ethnicity: _____ Military Household: Yes__ No__

Parent/Guardian Information

Parent Name/Guardian: _____ Work Telephone: _____ Ext.: _____

Place of Employment: _____ Mobile Phone #: _____

Email Address: _____

Is Emergency Contact Is Authorized to Pick up Is not authorized to pick up

Parent Name/Guardian: _____ Work Telephone: _____ Ext.: _____

Place of Employment: _____ Mobile Phone #: _____

Email Address: _____

Is Emergency Contact Is Authorized to Pick up Is not authorized to pick up

Any Medical Problems and/or Allergies we should be aware of this includes, environmental and or food. (If yes, please describe) _____

Check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Hearing Impaired | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Visual Impaired | <input type="checkbox"/> Learning Disability (ie: Dyslexia, etc.) |
| <input type="checkbox"/> Depression/Anxiety | <input type="checkbox"/> PTSD |
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Physical Disability |
| <input type="checkbox"/> ADHD/ADD | <input type="checkbox"/> Other |

Household Demographics

I have _____ Brothers (List Names & Ages) Name: _____ Age: _____ DOB: ___ / ___ / _____

I have _____ Sisters (List Names & Ages) Name: _____ Age: _____ DOB: ___ / ___ / _____

(*If You Need More Room, Please Use Back of Paper) Name: _____ Age: _____ DOB: ___ / ___ / _____

Select All That Apply

- 1- TANF:
- 2- Food Stamps:
- 3- Public Assistance:
- 4- SSDI:
- 5- SSI:
- 6- Veterans Compensation:
- 7- Daycare assistance:
- 8- Free/Reduced School Lunch:
- 9- Medicaid:
- 10- Subsidized Housing:
- 11- Can Swim:
- 12- Single Parent Home
- 13- Foster Home
- 14- Rent
- 15- Own

Household Income

Select one

\$0-\$15,000

\$15,001-\$25,000

\$25,001-\$35,000

\$35,001-\$50,000

\$50,001 & Above



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Attendance and Dismissal

My child will be attending PAL Clubhouse on the following days; We are open Monday- Friday 3:00 pm – 6:00pm.

Monday Tuesday Wednesday Thursday Friday

Programming

Below are the programs we may offer at Police Activities League (PAL) Summer Program. Check the box(es) that you want your child to participate in. By checking and signing, you are providing your child permissions to participate.

- | | |
|---|--|
| <input type="checkbox"/> Sports and Recreation | <input type="checkbox"/> Junior Explorers (Youth Law Enforcement 7 th grade and above) |
| <input type="checkbox"/> Art and Music Program | <input type="checkbox"/> Life Skills and Career Development |
| <input type="checkbox"/> Esports | <input type="checkbox"/> Community Involvement/Events/Volunteering |
| <input type="checkbox"/> Cooking Club | <input type="checkbox"/> Academic Assistance (Homework Help, Individual Success Plan) |
| <input type="checkbox"/> STEM | <input type="checkbox"/> Reading Club |
| <input type="checkbox"/> NPAL Mentoring (separate paperwork) | <input type="checkbox"/> Jr. Staff (7 th grade and above) ** more information to follow |
| <input type="checkbox"/> PFS Prevention Substance Abuse / Violence Prevention | |

Parent/Guardian Signature

Date

- I give Massena PAL permission to obtain information from my child's school/teacher regarding report cards, attendance, and standardized testing.



PAL Member Code of Conduct

At the Police Activities League of Massena, we see in our youth, future generations that have the desire and capacity to transform their communities! We promise to provide the professional staff, caring mentors and proven programs that will help our members to achieve goals and learn to make a difference in their community. In return, we ask each of our members – with the support and encouragement of their parent(s) / guardian(s) – to agree to the following:

- I must always take care of my membership card and present it upon signing into the PAL clubhouse.
- I will respect everything and everyone.
- I know that physical force or bullying will not be tolerated. I will get help from an adult or walk away.
- I will respect my Club and everything in it. That includes other people's belongings, the artwork in the building, computers, and other equipment (sports, program, games, etc.)
- I know that the adult leaders in the Club are responsible for me. And I know that it is not acceptable to treat those Club leaders with disrespect, rudeness, or to ever strike them.
- Swearing is not an acceptable way of communicating with others. I know that it will not be tolerated.
- To make sure that I am safe, I know that my parent(s) / guardian will be notified if I am ever absent.
- I must have a responsible adult sign me out of the Club at 6pm or have signed permission to walk home.
- If I need to leave the club early, I know I must have parental permission or a signed note.

I am aware of the rules of the Police Activities League of Massena, and I agree to comply with these rules. If I break these rules, cause harm to another person or belongings, or create an unsafe environment for others, the Executive Director/Program Director will be notified, and disciplinary actions will be determined based on circumstance and frequency.

Member Name

Signature

Date

Parent Name

Signature

Date



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In An EMERGENCY, Please Contact: This would include additional contacts if parents are not available

Emergency Contact Name: _____ Phone #: (____) _____

If your child gets hurt or becomes sick, do you have any special instructions to care for them until someone arrives?

Authorized Person to Pick Up Your Child(ren) Other than Parent(s):

Name: _____ Phone #: (____) _____

Relationship: _____

Second Authorized Person to Pick Up Your Child(ren) Other than Parent(s):

Name: _____ Phone #: (____) _____

Relationship: _____

Third Authorized Person to Pick Up Your Child(ren) Other than Parent(s):

Name: _____ Phone #: (____) _____

Relationship: _____

Person(s) Not Authorized to pick up your child/children: (Attach any current court documentation, if needed)

Name: _____ Relationship: _____

Parent or Legal Guardian Signature

Date

PARENT/GUARDIAN ONLY

I have read the Massena PAL Member Handbook and understand the rules of the Police Activities League of Massena (MPAL). I have explained the rules to my son/daughter and agree that the MPAL will not be responsible for any accident to any boy/girl while on the MPAL Club premises or while engaged in any of its activities away from the MPAL Club.

I give my consent for photographs or videos, in which my son/daughter may appear participating in club activities, can be used. Please check the boxes, you allow:

- PAL Facebook Page
- PAL Website
- PAL Building
- Newspaper Article
- Name of child can be used
- 3rd party Social Media (NYPA, NPAL, MCSD.. etc)

I agree to allow my child to participate in Youth Surveys conducted by PAL. All data is used anonymously in collection for Substance Abuse and Mental Health Services Administration and Partnerships for Success project grant data reporting

All club members will be encouraged to live healthy by eating right and participating in 20% of their time at the club in physical activity & exercise.

All club members will be encouraged to participate in our Partnership for Success program. This is a mandate by our SAMHSA grant.

Members of MPAL are expected to use any technological devices including MPAL property (computers) in a responsible and appropriate manner. Any misuse will result in losing privileges of future use.

Members are expected to participate in presentations and be respectful to our in-house staff and presenters.

Participants personal cell phones are to remain “put away” unless approved by PAL staff for a given day and time.

Parent/Guardian Signature

Date

PAL provides computers for homework and digital activities which include online gaming. Our learning center and technology lab are available for all enrolled members. The learning center is for 2nd grade to 4th. The Technology lab (Esports Arena) is for students in 5th grade and up. These activities are offered to all students as an incentive for positive behavior, academic success and meeting individual goals.

Personal cell phones (as listed in the page before) are not an acceptable form of digital activity. Members will be required to put their phones away during programming and will be allowed to use their phones in designated times throughout the week. If they need to call home, they can use the phone at the front desk. Members will not be allowed to take pictures of other members when allowed to use their phones. We will continue to protect the integrity of the club and the privacy of other members attending, ensuring all members are digitally safe.

Certain online gaming must be approved by staff and parents. Games the members normally play are Roblox and Fortnite. While they are using these games, they are being supervised.

There are rules posted in the classrooms for using the computers, we ask that every member adheres to them and if they fail to do so, they will be removed from the computers and will not be able to use them again until further notice.

Please sign below if you **ALLOW** your child to use the computers in the tech lab or the Esports Arena and on digital gaming. If you do allow, the members will have to make their accounts at home, we will not make accounts for them.

I give my child permission to use the gaming computers at PAL for online games

Parent Signature

Date



Receipt of Payment

I, _____ agree to pay registration fee in the amount of _____, for
My child(ren) _____,

To attend PAL Summer Program 2024. I understand this is a non-refundable fee, flat rate and it does not matter how many days my child attends during the week. This payment must be collected at the time of registration, By the deadline of _____ or by accepted payment plan (attached)

Type of payment: Cash ___ Check___ PayPal ___ (Scholarship)___

Parent Signature- Date

Director Signature- Date

MASSENA CENTRAL SCHOOL DISTRICT
CHILDCARE/ALTERNATE TRANSPORTATION FORM

BUS IN _____ (Transfer Bus _____) BUS OUT _____

START DATE: _____ DAYS NEEDED _____ ONLY WITH NOTE _____

I am requesting transportation for my child _____

Grade _____ who attends _____ School.

Our home address is: _____.

I am requesting alternate transportation for **AM** and/or **PM** (**circle one or both**):

ALTERNATE TRANSPORT INFO: TO.....or.....FROM.....or.....**BOTH**

Name: PAL

Phone number: 315-705-6075

Address: 30 Bayley Road Massena, NY 13662

This request will be considered and approved if:

- The address I am requesting transportation from/to is eligible for transportation
- The bus route does not have to be changed to accommodate your request
- There must be seating available on the bus
- Due to limited seating, the district may deny this request if the need arises to accommodate residents that live on the bus route

This request expires at the end of each school year. Please resubmit for the following school year if alternate transportation will continue or if changes need to be submitted.

Parent/Guardian signature: _____

Phone number: _____

Please email this form to tadams@mcs.k12.ny.us, fax to the transportation department at 315-764-3792 or bring to your child(s) school secretary to forward.

Transportation Supervisor signature: _____

Approved _____ Rejected _____ Date _____

Please allow at least 3 days for this request to take place. Form will be returned to the school where the child attends. In the meantime, send note with student to school for any immediate transportation change. Thank you.