



### **Police Athletic League Mission Statement**

The mission of the Police Athletic League is to offer the opportunity for youth to interact with police officers and build a positive relationship between the two through participation in cultural development, character development, and athletic activities.

### **City of Greenville Police Department Mission Statement**

The Police Department focuses on the protection of lives and property, the provision of programs and services that foster community crime prevention awareness and participation, the repression and apprehension of offenders, the maintenance of public order; and the protection of the constitutional rights of all people.

### **City of Greenville's Mission Statement**

The City of Greenville is dedicated to providing all citizens with quality services in an open, ethical manner, insuring a community of distinction for the future.

### **GENERAL INFORMATION**

- Locations:** Eppes Recreation Center at Thomas Foreman Park (2:30 p.m. – 6:30 p.m.)  
400 Nash Street, Greenville, NC 27834  
South Greenville Recreation Center (2:30 p.m. – 6:30 p.m.)  
851 Howell Street, Greenville, NC 27834
- Grades:** Kindergarten – Seventh Grade (Between the ages of 5-13 years old)  
**(5yrs old must have completed Kindergarten).**
- Days & Times:** PAL is open every day that Pitt County Schools is open.  
PAL After-School Program Operates **(August 26, 2019 - June 5, 2020)**
- 1. \$75.00 per Semester**
  - OR**
  - 2. \$130.00 both semesters IF they are paid up front at the beginning of the first semester registration period**
- \*\*The Fee for each program is due before student is enrolled.**  
**\*\*Once Fees are paid they will not be returned.**

**Acceptance Policy:** Each student is accepted on an individual basis, and acceptance is based upon our ability to accommodate each student's needs. All students will be notified of acceptance on day of registration or by phone call

**PAL STAFF CAN NOT PROVIDE ONE-ON-ONE ASSISTANCE TO EACH STUDENT.**

The Greenville Police Department in collaboration with Greenville Recreation and Parks has partnered to offer the **Police Athletic League (PAL)** After School Program at Eppes Recreation Center and South Greenville Recreation Center. The After-School Program is designed to allow children grades K-7<sup>th</sup> the opportunity to participate in recreational activities through an after-school experience, and the staff will strive to maintain a counselor to student ratio of 1:7.

Parents/Guardians will be responsible for transporting their child to and from the PAL Center each day. Your child should **arrive between 2:30pm and 3:30pm**. All children should **be picked up no later than the closing time** for each site. The PAL Program schedule of activities includes homework, arts and crafts, music and rhythms, bowling, field trips, movies, picnicking active and passive games. The Afterschool will be staffed with Greenville Police Officers, Site Supervisor, Assistants, and Volunteers who will be trained to work with children from a diverse background.

To be fair, children are accepted to the PAL Program on a **first come, first served basis**. If you have any questions, please contact the Greenville Police Department at (252) 329-4384 or [dcblanchard@greenvillenc.gov](mailto:dcblanchard@greenvillenc.gov) . We look forward to seeing everyone at PAL Program.

# **Police Athletic League (PAL) Program**

## **Program Rules**

- ✓ All participants shall display appropriate behavior, showing respect to themselves and to others.
- ✓ **No child will be able to leave with anyone not authorized on application and who is not 18 years or older.**
- ✓ **You must be on time to pick your child up.**
- ✓ **If late picking up your child there is a fee of \$5 per child for every 5 mins that must be paid before your child returns to the PAL program.**
- ✓ **3 late pickups in one semester, for any reason, will result in your child not being able to attend the rest of the after-school program.**
- ✓ **Fees are due before the child is enrolled. If the fee is not paid by this time, then your child will be taken off of the roster and be place on the waiting list.**
- ✓ No child/parent will have alcohol, tobacco, or illegal drugs in their possession while at PAL.
- ✓ No child will have any electronic devices in their possession, if found they will be taken away and held till the end of the semester.
- ✓ All participants will follow and comply with all instructions given to them by PAL staff.
- ✓ If child is accepted to the program, they are expected to come every day.
- ✓ **If child is going to miss a day you are expected to call and let us know 24hrs prior.**
- ✓ **If your child misses 5 days of after school in one semester they will be removed from the program and replaced by a child on the waiting list.**
- ✓ You must sign your child in and out every day unless otherwise advised.

❖ **If you agree to the rules above please continue with the application.**

Staff Use Only:  
Application #:

# 19/20 PAL Program Application

Amount Paid:

Aug-Dec: \_\_\_\_\_

Jan-June: \_\_\_\_\_

\_\_\_\_\_ Eppes After-School

\_\_\_\_\_ SG After-School

\*If any section front/back is not filled out the application will not be accepted. \*

## Child's Information (PLEASE PRINT LEGABLY)

Child's Name: (last) \_\_\_\_\_ (first) \_\_\_\_\_ (nickname) \_\_\_\_\_

Sex:  Male  Female Date of Birth: \_\_\_\_\_ Age (as of August 26, 2019): \_\_\_\_\_

Greenville City Resident? Yes  No  Grade Level: \_\_\_\_\_ School: \_\_\_\_\_

How will your child arrive to PAL: \_\_\_\_\_

Child's T-Shirt Size: Youth Sm.  / Youth Md  / Youth Lg  / Adult Sm.  / Adult Med  / Adult Lg  / Adult X-Lg  /

Child's Shoe Size: \_\_\_\_\_

Parent/Legal Guardian Full Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## In Case of Emergency (Other than Parent/Guardian, who can be reached between 7:30am-5:30pm)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

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

## Persons authorized to pick up your child from the program:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

## Bathroom Use (Check all that apply) (Please send adequate change of clothing, if needed.)

Independent in bathroom  Other (please give directions): \_\_\_\_\_

(Please send adequate change of clothing if needed.)

Recreational activities camper should not participate in: \_\_\_\_\_

List ALL food allergies: \_\_\_\_\_

List ALL medications child is on: \_\_\_\_\_

***(PLEASE NOTE: Any behaviors, which endanger or are disruptive to other campers or staff, are grounds for non-acceptance to camp or immediate dismissal from camp. If dismissal is required, parents, guardian, or group home is responsible for transportation home. All applicants are expected to function to an appropriate degree in a group setting.)***

## PERMISSION, RELEASE, AND ASSUMPTION OF RISK

In consideration of my child being allowed to participate in Police Athletic League (PAL) After School, sponsored by the Greenville Police Department(GPD) and Greenville Recreation and Parks (GRR), I hereby assume all risks and release the City of Greenville, its employees, and volunteers from all liability whatsoever for any injuries or accidents in connection with my child's participation. I intend this release to be binding not only for myself, but also on my family and all legal successors in interest. For the safe enjoyment of this program by all participants, the Greenville Police & Greenville Recreation & Parks staff has established rules and regulations and I agree that my child will abide by them or accept dismissal for refusing to follow them. In the event that my child is injured, I hereby give permission to the physician or medical personnel selected by Greenville Police Department & Greenville Recreation & Parks staff to hospitalize, secure proper treatment or medication for, and to take whatever medical actions are necessary to treat my child, and I authorize the physician or medical personnel selected to provide treatment deemed necessary by them. I also agree that Greenville Police Department & Greenville Recreation and Parks may use this camper's photograph and comments in promotional materials.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date

\* PAL does not discriminate on the basis of race, religion, creed, or national origin.

# PAL After-School Client Survey

## **PLEASE READ CAREFULLY! (This survey must be completed along with the application)**

By completing this survey, you are helping us to evaluate the effectiveness of PAL After School, you will also be enabling us to provide data to future funding agencies. This data is used to secure grants to assist in the operation of the PAL program. Please note that any information you provide will not be divulged under any circumstances to anyone else. You will not be added to any mailing lists as a result of completing this survey. The only exception is that we may provide this information to other agencies that may fund future programs. We will only use the statistical information (NOT personal information) - for example, that 55 % of our campers are female, and 12 % are ages 10-14. If you have any questions, please contact the Youth Outreach Director [dcb Blanchard@greenvillenc.gov](mailto:dcb Blanchard@greenvillenc.gov). Thank you for supporting Police Athletic League! PLEASE FILL IN THE BEST POSSIBLE CHOICE!

### 1. How did you hear about PAL After-School Program?

Internet  Greenville Police Department  Pitt County Schools  Other (Please Specify): \_\_\_\_\_

### 2. What is your child's age (as of August 26, 2019)? \_\_\_\_\_

### 3. What is your child's race?

American Indian  African American (Black)  Hispanic or Latino  Multiracial  
 Asian  Caucasian (White)  Other (Please Specify): \_\_\_\_\_

### 4. What is your child's gender? Female Male

### 5. Does your child have any disabilities or special needs?

None  Physically Handicapped  Mental Illness  Substance Abuse  
 Other(Please Specify): \_\_\_\_\_

### 6. What is your child's permanent address?

\_\_\_\_\_

### 7. How many people reside in your household?

1  2  3  4  5  6  7  8  9  10 or more

### 8. What is your total household income per year? \$ \_\_\_\_\_

### 9. Do you participate in the Public Housing Program (to include Section 8 Housing)? No Yes

### 10. How many times has your child participated in the PAL:

#### a. After School Program

None  Once  Twice  Three times  Four times

#### b. Police A-Kid-Emy

None  Once  Twice  Three times  Four times

#### c. Summer Camp

None  Once  Twice  Three times  Four times

### 11. What school does your child attend: \_\_\_\_\_

### 12. What other youth program(s) would you like the Police Department offer?

Girls Programs (Tennis, Cheerleading, Volleyball and etc.)  End of Grade Testing Program  
 Gang Prevention Program  Other: \_\_\_\_\_

### 13. How will your child be transported TO the PAL After School?

Bicycle  Walk  Car  Great Bus  Other: \_\_\_\_\_

### 14. How will your child be transported FROM the PAL After School?

Bicycle  Walk  Car  Great Bus  Other: \_\_\_\_\_

### 15. Other comments:

\_\_\_\_\_  
\_\_\_\_\_