**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 exists to enhance public safety and quality of life, in partnership with all people in our community, by preventing crime with honor and integrity.

**City of Greenville’s Mission Statement**

The City of Greenville is to provide all citizens with high-quality services in an open, inclusive, professional manner, ensuring a community of excellence now and in the future. ... Professionalism —

We will be professional and efficient in our work.

**GENERAL INFORMATION**

**Site** **Locations:** **South** **Greenville** **Rec.** **Ctr.,** 851 Howell Street, Greenville, NC 27834

**After-School** **Program** (**1:30p.m.** **–** **5:30p.m**.)

*Run* *opposite* *with* ***A*** *and* ***B*** *PCS* *Schedules*

**Grades:**

**Dates/Fees:**

Kindergarten – Eight Grade (Between the ages of 5-13 years old) (**5yrs** **old** **must** **be** enrolled or completed **Kindergarten**)

PAL is **open** **according** **to** **Pitt** **County** **School’s** Academic **Schedule**. PAL Programs Sessions:

|  |  |  |
| --- | --- | --- |
| **Weeks** | **Dates** | **Fees** |
| **1st-9wks** | August 24th – October 14th | $40 |
| **2nd-9wks** | October 16th – December 18th | $40 |
| **3rd-9wks** | January 6th – March 16th | $40 |
| **4th-9wks** | March 17th – June 4th | $40 |

**\*\*NO** **Discount** **for** **early** **registration**

**\*\*FEES** **for** **each** **program** **DUE** **PRIOR** **to** **ENROLLMENT.** **\*\*FEES** **are** **NON-REFUNDABLE**

**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 CANNOT PROVIDE ONE-ON-ONE ASSISTANCE TO EACH STUDENT.***

The Greenville Police Department in collaboration with Greenville Recreation and Parks has partnered to offer the **P**olice **A**thletic **L**eague (**PAL**) After School Program at South Greenville Recreation Center. The After School Program is designed to allow children grades K-8th the opportunity to participate in educational and recreational activities through an after-school experience, and the staff will strive to maintain a counselor to student ratio of 1:5.

Parents/Guardians will be responsible for transporting their child to and from the PAL Center each day. Your child should **arrive** between 1**:30 PM** **and** 2**:00pm.** All children should be **picked up no later** than **5:30 PM**. The PAL Program schedule of activities include: homework, arts and crafts, music and rhythms, movies, active and passive games. The After-school 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) 329-4517 or dcblanchard@greenvillenc.gov We look forward to seeing everyone at our 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 minutes that fee 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 weapons, alcohol, tobacco, or illegal drugs in their possession while at PAL.

✓No child will utilize electronic devices during the program, if found they will be taken away and held till the end of the day.

✓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 they attend school. Children cannot attend PAL if they are not present or miss school that 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.

Staff Use Only: Application #:

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

**20/21 PAL Day-school & After-school Application** **\_\_\_\_SG** **Site**

**\*If** **any** **section** **front/back** **is** **not** **filled** **out** **the** **application** **will** **not** **be** **accepted.** **\*** **Child’s** **Information** **(PLEASE** **PRINT** **LEGABLY)**

**Amount** **Paid:** Aug-Oct: \_\_\_\_\_\_\_\_\_ Oct-Jan: \_\_\_\_\_\_\_\_\_ Jan-Mar: \_\_\_\_\_\_\_\_\_ Mar-Jun: \_\_\_\_\_\_\_\_

**Child’s** **Name:** **(last) (first) (nickname)**

**Sex:** **\_\_** **Male** **\_\_** **Female** **Date** **of** **Birth:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Age** **(as** **of** **August** **1,** **2020):** **\_\_\_\_\_\_\_** **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**\_\_\_/**

**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.)**

**\_\_\_** Independentin bathroom \_\_Other (please givedirections):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (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** **mychild** **beingallowed** **toparticipatein** **PoliceAthletic** **League(PAL)** **AfterSchool,** **sponsored** **bytheGreenville** **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*** ***based*** ***on*** ***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 dcblanchard@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?**

O American Indian O African American (Black) O Hispanic or Latino O Multiracial

O Asian O Caucasian (White) Other (Please Specify):

**4.** **What** **is** **your** **child’s** **gender?** Female Male

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

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

**6.** **What** **is** **your** **child’s** **permanent** **address?** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

0 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 b. **Police** **A-Kid-Emy**

None Once Twice c. **Summer** **Camp**

None Once Twice

Three times

Three times

Three times

Four times

Four 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 etc.) Gang Prevention Program

End of Grade Testing 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:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**