**VINELAND POLICE ATHLETIC LEAGUE**

**20 S. 6TH St. Vineland, NJ 08360**

**(856)563-5387 / (856)691-4111 X 4396 Office**

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**AFTER SCHOOL TUTORING PROGRAM**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attending School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Race: \_\_\_\_\_ Gender: M or F

PARENT/GUARDIAN INFORMATION:

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail Add: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ the parent/guardian of the above youth hereby give my approval for my child to participate in the Vineland PAL After School Tutoring Program. I do hereby waive, release, absolve, indemnify and agree to hold harmless the City of Vineland, Vineland Police Department, Vineland Police Athletic League, PAL Board of Directors, sponsors, participants and person transporting my child to or from activities and for any and all claims arising out of any injury to my child whether the result of negligence or for any other cause. I also give permission for the Vineland Police Athletic League to use pictures of my child for promoting the organization and its activities.

Parents Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_        Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Director's Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_        Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***\*Director’s signature indicates review of all information herein on the above date.***

**PAYMENT INFORMATION**

Applicants annual membership fee of $20.00

Acceptable payments are **Checks & Money Orders ONLY!**

**----------------------------------------------Official Use below this line----------------------------------------------------**

Receipt #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Date of Payment: \_\_\_\_\_\_\_\_\_\_\_\_  Amount Paid: Check or Money Order

**MEDICAL RELEASE**

As the parent/legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I hereby authorize and give my consent for any emergency medical, surgical or dental treatment for my son/daughter listed above should be deemed advisable by a qualified medical physician or dentist. The Vineland PAL Director or PAL Staff are authorized to act on my behalf should medical/dental emergency arise while participating in the Vineland After School Tutoring Program. I understand that this is to avoid undue delay and assure prompt attention/treatment and that only a licensed qualified medical physician or dentist will be engaged for such an emergency.

**CONDUCT**

A rigid code of conduct must be adhered just like in school, in order to maintain a proper atmosphere and discipline. The Vineland PAL is a privilege, not a right!!! The Vineland PAL maintains the right to exclude anyone not conforming to the rules and regulations of the program. Further, Vineland PAL reserves the right to search persons and property, if necessary, to maintain the integrity of the program in relation to controlled substances, alcohol, etc. Vineland PAL is not bound by the search and seizure rules that the Police are!

**1**. **NO** controlled dangerous substance or alcohol use will be tolerated under any circumstances!

**2**. **NO** vulgar, profane, abusive or insulting language and/or behavior will be tolerated!

**3**. **NO** revealing clothing will be tolerated! Proper attire is mandatory! Shirts must be worn at all times, etc. and dress deemed inappropriate by staff will be excluded.

**4**. Any criminal offense occurring in or out the building, on the premises or in any capacity affiliated with the Vineland PAL will result in prosecution if necessary.

**First Offense** – Suspension from the program for a period of time to be determined at the time of infraction.

**Second Offense** – Expulsion from the program. No Re-Enrollment

PARENT’S SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HOUSEHOLD INCOME**

Please answer the following questions to the best of your ability. The information collected is used solely for reporting percentage of individuals participating monthly and their income categories as required by one of our funding resources. **No member's personal information is released in these reports.**

Por favor conteste las siguientes preguntas a lo mejor de su entendimiento. La informacion recolectada se usa exclusivamente para reportar el porcentaje de individuos participando mensualmente y sus respectivas categorias de ingreso, Es un requisito que nos exige una de nuestras fuentes de fondos. **Ninguna informacion personal es divulgada en estos informes.**

**\*Household size (Numero de familia en su casa): \_\_\_\_\_\_\_\_\_\_**

Please make a check mark to all that applies 

(Indique con una marca de cotejo todo que aplique):

I or someone in my household is

(Yo, o alquien en mi unidad familiar):

****Working (Trabaja)

 Receiving Unemployment (Recibe pagos de desempleo)

Receiving Public Assistance (Welfare, Food Stamps etc.)

(Recibimos Asistencia Publica)

Getting Disability (SSD,SSI etc.) (Recibimos pagos por incapacidad)

On Section 8 (En Seccion 8)

Currently Unemployed (Desempleado)

Homeless (Falto de Albergue)

**\*Our Average Yearly Income is: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Nuestro ingreso anual promedio es)**

**\*Mandatory information (Informacion Mandataria)**

**BELOW FOR OFFICE USE ONLY:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Max Income for a family of \_\_\_\_\_\_\_\_\_\_\_\_\_\_is $\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

This family meets low income eligibility \_\_\_\_\_\_\_\_\_\_\_\_\_\_.

This family is over the low income threshold for a family of \_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**