



## South Paterson Library

930 Main Street, Paterson, NJ

8:00 AM to 3:00 PM

Start Date:

July 1st - August 23rd 2019

Mon - Thur

4 Sessions:

July 1st - July 12th

July 15th - July 26th

July 29th - August 9th

August 12th - August 23rd

## Application Deadline

**June 19, 2019**

Police Headquarters

111 Broadway, Paterson NJ 07502

Police Substation

930 Main st, Paterson NJ 07503

## Requirements

Must be City Resident

Ages 12 to 17



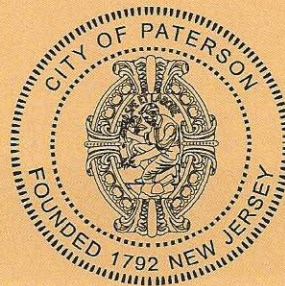
# The Paterson Police Department Anti-Violence Youth Program

The Paterson Community Policing Division  
will be hosting a two week long  
Summer Anti-Violence Youth Program



Breakfast and lunch will be provided.  
After successful completion of this program:  
A book bag with school supplies,  
and one educational electronic device  
will be given to each child.

**Trips include Broadway Shows,  
Live Sports Events, Guest Speakers,  
and outdoor recreational activities**





# Summer Camp Program APPLICATION



To attend this program, please fill the application below and return it to Community Policing  
Division located at 111 Broadway.

Without this application you cannot be considered for this program.

**ALL LINES MUST BE FILLED OR APPLICATION MAY BE REJECTED**

**Deadline to Submit Applications: June 19, 2019**

**Ages: 12-17**

**Applicant**

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Gender: Male \_\_\_ Female \_\_\_  
 School Name \_\_\_\_\_ Grade \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_  
 Street Address \_\_\_\_\_  
 Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Child's Home Phone \_\_\_\_\_

**Parent/Guardian - Contact Information**

**Parent/Guardian Pickup/Release**

First \_\_\_\_\_ Last \_\_\_\_\_ Ms. Mrs. Mr. Other \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Cell phone \_\_\_\_\_ FAX \_\_\_\_\_ E-mail \_\_\_\_\_  
 Occupation \_\_\_\_\_ Employer \_\_\_\_\_

**Emergency Contact Information – Alternate Pickup/Release**

**Emergency Contact**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Email \_\_\_\_\_ Relation to child \_\_\_\_\_

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials \_\_\_\_\_

Please list those people including in addition to parents/guardians who are permitted to pick up your child:

1: \_\_\_\_\_ 2: \_\_\_\_\_ 3: \_\_\_\_\_

**Medical Release Information**

**Insurance Information**

Policy Number \_\_\_\_\_ Name of Health Insurance Provider \_\_\_\_\_  
 Primary Physician \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_ Hospital \_\_\_\_\_  
 Preference \_\_\_\_\_

*facility for their care.*

**Chaperone Release**

I hereby am choosing to attend as a chaperone and understand that as a chaperone I am also considered a participant. I am aware that all of the same above terms of agreement that pertain to my child also pertain to me as a chaperone.

Printed Name of Chaperone: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Chaperone: \_\_\_\_\_