



# **PALISADES PARK** **POLICE DEPARTMENT**



★ Anthony Espino - Chief of Police ★

275 Broad Ave, Palisades Park, NJ 07650 Phone (201)944-0900 - Fax (201)944-0766

## **Junior Police Academy Overview and Application**

The Palisades Park Police Department are pleased to announce that applications are being accepted for the Palisades Park Junior Police Academy. The Academy is a one-week "day camp" (Monday through Friday) that is offered to qualified Palisades Park young men and women who are currently in the 5th Grade. This year's Academy will begin on Monday June 24th, 2024, and run through Friday June 28th, 2024.

The motto of the Palisades Park Police Junior Academy is "Honor - Respect - Commitment - Integrity". We place strong emphasis on self-respect, respect of others, teamwork and commitment to one's goals. The cadets learn that these attributes can be achieved with focus, discipline and personal responsibility. The two-week program, particularly in the beginning will be physically and mentally taxing. Our goal is for the cadets to enjoy a positive and worthwhile experience they draw upon in the future.

The Junior Academy curriculum consists of educational activities as well as physical training activities. The format is similar to what actual police academy cadet's experience. All of the instructors will be law enforcement officers. Our objective is to educate the cadets about public service including law enforcement, emergency services, the judiciary and county government. There will be structured events offered in a fun, informative, interactive, educational and hands-on matter.

The daily programs will include educational presentations, interaction with public agencies, field trips and physical activities. The cadets will be given exposure to available municipal, county, and state resources. The daily physical training is similar to a "boot camp" workout consisting of running and calisthenics.

The drop off and pick up location will be at the rear of Lindbergh School (401 Glen Avenue), Palisades Park NJ, on the Roff Avenue side. The program will run from 9:00 AM to 1:00 PM. Please keep in mind that there may be modifications of scheduled hours on field trip dates and your child will be notified in advance. You must be prompt when dropping off and picking up your child.

We cannot accommodate special dietary or nutritional needs or allergies other than allowing cadets to bring their own lunch. We have the ability to "heat up" any lunches. Please fill out the enclosed paperwork regarding your child's dietary and special nutritional needs and or allergies.



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**Attire:** Each cadet will be provided with two t-shirts and two shorts. They are required to be worn from the first day of the academy until the completion of the program, including graduation. It should be noted that these uniforms must be cleaned daily – preferably by the cadets themselves.

Upon completion of the Academy, there will be an official graduation ceremony (date TBA). Details will be provided allowing participants and invited family members to attend.

For the program to be successfully completed, full participation is required. **EACH ACCEPTED CADET IS REQUIRED TO ATTEND EVERY DAY OF THE PROGRAM.** There are No Exceptions for vacations, sport programs or other activities.

**Note:** At any time, the program director may terminate a youth from participating in the Academy for lack of participation or non-compliance with the rules as set forth in the paperwork as given at the parent orientation or throughout the Academy. As such, each parent and participant should be well acquainted with the requirements.

Moreover, as stated above, the Academy requires a level of focus and discipline that, cadets may find daunting. It is incumbent upon both parents and participants to see the entire program through completion. The Academy is in high demand and once someone is accepted and agrees to participate, that admitted cadet takes the place of another witting and hopeful applicant. As such, both parents/guardians and applicants should review this entire application and apply to the program with a full understanding of what is required and expected.

Attached, please find the required applications form (a total of 9 pages) that **MUST BE** completed and returned to: Palisades Park Police Department (275 Broad Avenue), no later than **Friday May 17th, 2024**. The 9-page application must be completed and legible or it will not be accepted. Please be advised that submission of an application prior to the deadline does not guarantee acceptance into the program. **Space is limited.**

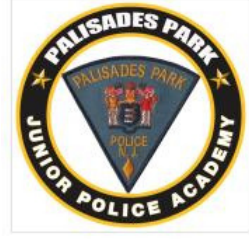
If you have any questions, you may contact me at [rlowrigkeit321@pppdnj.org](mailto:rlowrigkeit321@pppdnj.org). All paperwork must be completed in full and signed where indicated, or your child will not be permitted to attend. Even if your child does not take medication and/or you do not give permission for your child to be dismissed without a parent/guardian present these forms must be completed.

**There will be a \$25.00 application fee. Checks payable to “Community Policing”. Please bring check with the completed application.**

You will be notified in writing of your child's acceptance and information pertaining to the Junior Police Academy.



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1. RESPECT YOURSELF AND OTHERS.
2. RAISE YOUR HAND IF YOU WANT TO SPEAK.
3. WHEN YOU ARE ACKNOWLEDGED, YOU WILL STAND AND RESPOND WITH "YES, SIR, NO SIR, YES MA'AM, NO MA'AM."
4. PAY ATTENTION TO THE SPEAKER.
5. CLASSROOM/CLASS TRIP DISRUPTION WILL NOT BE TOLERATED.
6. ALL PARTICIPANTS WILL FOLLOW DIRECTIONS OF ALL POLICE OFFICERS OR CIVILIAN INSTRUCTORS.
7. SHOULD A STUDENT BECOME ILL OR INJURED, HE/SHE IS TO REPORT IMMEDIATELY TO THE INSTRUCTOR.
8. STUDENTS ARE REQUIRED TO ARRIVE ON TIME
9. NO "HORSE-PLAY" ALLOWED.
10. ACADEMY T-SHIRT AND SHORTS ARE TO BE WORN EVERYDAY, INCLUDING THE GRADUATION CEREMONY. **(Please Wash Daily)**
11. STAY WITH YOUR GROUP ON FIELD TRIPS.
12. VIDEO GAMES, IPODS, ETC..., ARE NOT ALLOWED.
13. NO HATS! **(PLENTY OF SUNSCREEN!)**
14. A GUARDIAN FORM IS REQUIRED IF YOU ARE WALKING HOME OR IF SOMEONE OTHER THAN YOUR GUARDIAN IS PICKING YOU UP AT THE END OF THE DAY. **(See Attached Form)**
15. NO SMOKING, VAPING, DRINKING OR DRUGS!
16. NO SAGGING SHORTS, SHIRTS MUST BE TUCKED IN.
17. NO MAKE-UP OR JEWELRY WORN.
18. LONG HAIR MUST BE WORN UP **(MALE OR FEMALE)**.
19. YOU ARE EXPECTED TO CONDUCT YOURSELF AS A LADY OR GENTLEMAN AT ALL TIMES. PROPER DECORUM IS DEMANDED
20. IF A CELL PHONE IS BROUGHT TO CAMP, IT MUST BE TURNED OFF. THERE WILL BE NO PHONE CALLS, E-MAILS, AND/OR TEXTING DURING THE ACADEMY.
21. YOU WILL BE ON TIME AND READY TO PARTICIPATE EACH DAY.
22. USE OF OBSCENE, VULGAR, OR PROFANE LANGUAGE WILL NOT BE TOLARATED



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THE FOLLOWING INFORMATION IS REQUESTED OF ALL PROSPECTIVE PARTICIPANTS IN THE PALISADES PARK JUNIOR POLICE ACADEMY PROGRAM. ANY FALSE OR INCOMPLETE INFORMATION COULD EXCLUDE THE APPLICANT FROM PARTICIPATING IN THIS PROGRAM.

### **STUDENT INFORMATION: (MUST PRINT CLEARLY)**

STUDENT'S NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ M / F : \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ CADET CELL NUMBER: \_\_\_\_\_  
CADET EMAIL: \_\_\_\_\_  
AGE. \_\_\_\_\_

-HAVE YOU EVER PARTICIPATED IN THE PALISADES PARK POLICE YOUTH POLICE ACADEMY PROGRAM?

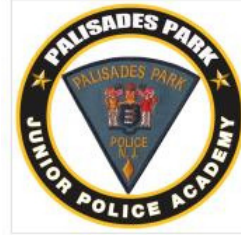
YES, OR NO \_\_\_\_\_ IF YES, WHAT YEAR DID YOU ATTEND: \_\_\_\_\_

### **PARENT/GUARDIAN INFORMATION :**

PARENT/GUARDIAN: \_\_\_\_\_  
PARENT EMAIL: \_\_\_\_\_  
CONTACT NUMBERS: \_\_\_\_\_  
HOME: WORK: \_\_\_\_\_  
CELL NUMBER: \_\_\_\_\_  
ALTERNATE CELL NUMBER: \_\_\_\_\_  
ARE THERE ANY CUSTODIAL LIMITATIONS? YES/NO: \_\_\_\_\_  
**(IF YES, PARENT MUST ATTACH A CURRENT COPY OF COURT DOCUMENTS)**



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### ALTERNATE EMERGENCY CONTACT:

(Other than parent information listed above):

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TOWN: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELLULAR NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

### Academy Uniform Information:

(All Uniform are Adult Sizes )

-TEE SHIRT SIZE (PLEASE CIRCLE): (S) (M) (L) (XL) (ML)

-GYM SHORT SIZE (PLEASE CIRCLE): (S) (M) (L) (XL) (ML)

Please circle your true size. Oversize or undersize clothing will not be acceptable and the cadet will be required to select uniforms in the closest size available.

### Parental Acknowledgement:

By virtue of my signature, I acknowledge that I have reviewed this application in its entirety, that all the information I have provided is accurate, complete, and I request that

\_\_\_\_\_  
(Name of Applicant) be considered for acceptance in the Palisades Park Junior Police Academy.

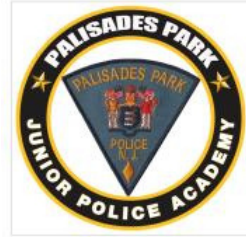
\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
APPLICANT'S SIGNATURE

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



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### MEDICATION AND HEALTH HISTORY FORM:

Please be advised that your child may be afforded the opportunity to board a boat, ride a horse, and participate in other outdoor activities. Should you wish your child not to participate in a certain activity or should your child have any special restrictions, please list below in the space provided.

Any Special Needs/Restrictions:

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Please list below in PART A any prescribed medications that your child is required to take regularly. Please indicate below whether or not your child will be required to take or carry the medication with him/her during the Youth Police Academy. Medication must be in original prescribed package.

In PART B, please complete the health history questionnaire for your child and sign all authorizations/acknowledgements as indicated. A certified EMT will be on staff during the camp for any medical emergencies.

### PART A: MEDICATION HISTORY

NAME OF YOUTH: \_\_\_\_\_

\_\_\_\_\_ Does Not Take Any Prescribed Medication.

\_\_\_\_\_ My Child Does Take Prescribed Medication (If this box is checked, you must complete the information below and sign the form below).

Name of Medication: \_\_\_\_\_

Medical Condition for which medication is needed:

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Dosage/Administration

(Times per day): \_\_\_\_\_



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**NOTE:** The Palisades Park Police Junior Academy does not stock or provide any non-prescription medications. If a cadet requires use of non-prescription medications during the program, a note to that effect must be provided by the parent/guardian in advance.

### PART B: HEALTH HISTORY

Name of Youth: \_\_\_\_\_

Circle "Yes" or "No" for each statement. Explain "Yes" answers below: Has/does the cadet:

- |   |     |    |
|---|-----|----|
| 1. Ever been hospitalized? .....                                | Yes | No |
| 2. Ever had surgery? .....                                      | Yes | No |
| 3. Have recurrent/chronic illnesses? .....                      | Yes | No |
| 4. Had a recent infectious disease? .....                       | Yes | No |
| 5. Had a recent injury? .....                                   | Yes | No |
| 6. Had asthma/wheezing/shortness of breath? .....               | Yes | No |
| 7. Have diabetes? .....   | Yes | No |
| 8. Had seizures? .....  | Yes | No |
| 9. Had headaches? .....   | Yes | No |
| 10. Wear glasses, contacts or protective eyewear? .....         | Yes | No |
| 11. Had fainting or dizziness? .....                            | Yes | No |
| 12. Passed out/had chest pain during exercise? .....            | Yes | No |
| 13. Had mononucleosis ("mono") during the past 12 months? ..... | Yes | No |
| 14. If female, have problems with periods/menstruation? .....   | Yes | No |
| 15. Have problems with falling asleep/sleepwalking? .....       | Yes | No |
| 16. Ever had back/joint problems? .....                         | Yes | No |
| 17. Have a history of bedwetting? .....                         | Yes | No |



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18. Have problems with diarrhea/had a recent infectious disease?      Yes      No
19. Have any skin problems? ..... Yes      No
20. Traveled outside the country in the past 9 months? ..... Yes      No

**Please explain "Yes" answers in the space below**, noting the number of the questions. For travel outside the country, please name countries visited and dates of travel.

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Mental, Emotional and Social Health: Check "Yes" or "No" for each statement.

Has the cadet:

1). Ever been treated for attention deficit disorder (ADD) or attention deficit hyperactivity disorder (ADHD)?       Yes       No

20. Ever been treated for emotional or behavioral difficulties or an eating disorder?       Yes       No

3). During the past 12 months, seen a professional to address mental/emotional health concerns?       Yes       No

4). Had a significant life event that continues to affect the cadet's life?       Yes       No

(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others)

**Please explain "Yes" answers in the space below**, noting the particular number of a question. The PPPJA may contact you for additional information.

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Explanation Cont'd:

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### Health Care Providers for Cadet:

Name of primary doctor(s): \_\_\_\_\_

Name of dentist(s): \_\_\_\_\_

Name of orthodontist(s): \_\_\_\_\_

**What Have We Forgotten to Ask? Please provide in the space below** any additional information about the cadet's health or otherwise that you think important that we know or that may affect the cadet's ability to fully participate in the PPPJA program. **Attach additional information if needed.**

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I ATTEST THAT MY CHILD HAS BEEN FULLY IMMUNIZED AND THAT HIS/HER IMMUNIZATIONS ARE CURRENT AND UP-TO-DATE. I AGREE TO ACCEPT ALL RISKS TO MY CHILD IN NOT BEING FULLY IMMUNIZED.

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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IN CASE OF A MEDICAL EMERGENCY, SIGN BELOW TO AUTHORIZE THE PALISADES PARK JUNIOR ACADEMY TO INITIATE EMERGENCY CARE IN THE EVENT THAT I CANNOT BE REACHED.

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

THE UNDERSIGNED: \_\_\_\_\_,  
(PRINT PARENT/GUARDIAN NAME)

HEREBY GIVES PERMISSION AND AUTHORIZATION FOR MY SON/DAUGHTER:  
\_\_\_\_\_  
(PRINT NAME OF CHILD)

TO PARTICIPATE IN THE PALISADES PARK JUNIOR POLICE ACADEMY INCLUDING PHYSICAL TRAINING/EXERCISE/SPORTS. ALL THE ACTIVITIES OUTLINED IN THE CALENDAR OF EVENTS, AS WELL AS TRANSPORTATION TO AND FROM SAID EVENTS AND CONSENT FOR PHOTOGRAPHY/VIDEOTAPING/INTERVIEWS.

THE UNDERSIGNED HEREBY RELEASES AND DISCHARGES THE MUNICIPALITY OF PALISADES PARK, INCLUDING THE PALISADES PARK POLICE DEPARTMENT, THE OFFICE OF THE BERGEN COUNTY SHERIFF, AND THEIR AGENTS AND EMPLOYEES THEREOF, FROM ALL LIABILITY CLAIMS AND CAUSES OF ACTION THAT THE UNDERSIGNED MAY HAVE FOR PERSONAL INJURIES, DAMAGES OR LOSSES OF ANY NATURE, WHICH MAY RESULT, OR OCCUR AS A RESULT, OF PARTICIPATION IN THIS PROGRAM AND IN ANY CAPACITY OR FUNCTION AS A YOUTH ACADEMY PARTICIPANT.

THE UNDERSIGNED FURTHER AGREES TO HAVE THEIR CHILD OBEY DIRECTIVES OF JUNIOR ACADEMY INSTRUCTORS, POLICE OFFICERS OR THEIR DESIGNEES WHILE ACCOMPANYING SAID OFFICER. ADDITIONALLY, PARTICIPATION IN THE PROGRAM CAN BE RESCINDED AT ANY TIME



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DURING THE COURSE OF THE ACADEMY WITHOUT CAUSE AND IS IN THE SOLE AND ABSOLUTE DISCRETION OF THE PROGRAM DIRECTOR/INSTRUCTORS.

THE UNDERSIGNED FURTHER PERMITS THE PALISADES PARK POLICE JUNIOR ACADEMY TO PRINT OR DISPLAY ANY PHOTOGRAPHS OF ANY CHILD IN ANY PUBLICATIONS IN THE PALISADES PARK WEBSITE AND/OR PRINT RELEASES OR IN MEDEA COVERAGE OF THE PALISADES PARK POLICE JUNIOR ACADEMY PROGRAM THE UNDERSIGNED FURTHER UNDERSTANDS THAT THE LUNCH PROVIDED BY THE PALISADES PARK POLICE JUNIOR ACADEMY CANNOT ACCOMMODATE ANY SPECEAL DIETARY NEEDS OR RESTRICTIONS. HOWEVER, MAY BRING THEIR OWN LUNCH.

THE UNDERSIGNED FURTHER ATTESTS THAT MY CHILD HAS NO PHYSICAL RESTRICTIONS AND/OR LIMITATIONS AND MAY PARTICIPATE IN ALL ACTIVITIES RELATING TO THE PALISADES PARK POLICE JUNIOR ACADEMY INCLUDING STRENUOUS PHYSICAL ACTIVITIES. I HEREBY ATTEST TO HAVING READ THIS DOCUMENT AND THE CALENDAR OF EVENTS AND ACKNOWLEDGE THE UNDERSTANDING THEREOF.

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PARENT/GUARDIAN SIGNATURE

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DATE



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### Cadet Interest Form

THIS SECTION TO BE FILLED OUT BY THE APPLYING CADET, PARENT/GUARDIAN OR SCHOOL COUNSELOR, TEACHER, OR RESOURCE OFFICER. IN THIS SECTION YOU MUST INDICATE WHAT MOTIVATES THE APPLICANT TO ATTEND THE ACADEMY OR WHY THE APPLICANT CAN BENEFIT FROM ATTENDANCE. CADETS BENEFITED MORE THAN OTHERS IN LEARNING MORE ABOUT LAW ENFORCEMENT CAREERS, EXERCISE HABITS, SOCIAL SKILLS, AND DISCIPLINE. USE THE SPACE BELOW TO INDICATE HOW THE CADET MAY BENEFIT FROM THE JUNIOR POLICE ACADEMY. ATTACH ADDITIONAL PAGES IF NECESSARY.

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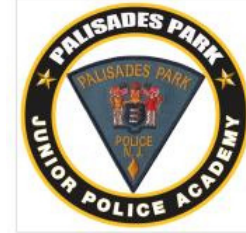
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\_\_\_\_\_ I grant                      \_\_\_\_\_ I do not grant

My permission for my child: \_\_\_\_\_  
to be dismissed from the Palisades Park Junior Police Academy, held during the weeks of  
June 24th, 2024 - June 28th, 2024 on their own, without a parent/guardian being present  
at the time of dismissal.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

