JUNIOR POLICE ACADEMY

City of Middletown Police Department

(845) 343-3151

APPLICATION

Please fill out the following requested information completely. Please print all answers clearly. Any false, incomplete or illegible information may exclude the applicant from participating in this program.

Student's Name: _____ _____
(last name) (first name)

Address: _____

Phone Number: ( ) _____

Date of Birth: _____ Height: _____ Weight: _____

Tee Shirt Size: S M L (youth sizes)

S M L XL (adult sizes)

Parent/Guardian Name: _____ _____
(last name) (first name)

Parent/Guardian Phone Number: ( ) _____ ( ) _____
(home) (cell/work)

Emergency Contact: _____ _____
(last name) (first name)

Emergency Contact Phone Number: ( ) _____ ( ) _____
(home) (cell/work)

Relationship to Child: _____

Briefly describe your reason for wanting to participate in the Juvenile Police Academy:

_____

_____

_____