



**APPLICATION DEADLINE: FRIDAY, NOVEMBER 19, 2021**

[illegible]



**Borough of Quakertown Police Department**  
35 North Third Street, Quakertown, PA 18951  
215-536-5002  
Scott C. McElree, Chief of Police

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**PLEASE CHECK ALL THAT APPLIES:**

- ☐ Loss of employment for parent/guardian
- ☐ Military Family
- ☐ Parent/Guardian/Sibling health issues
- ☐ Foster Care / Adoption
- ☐ Homelessness
- ☐ Incarceration of parent/guardian
- ☐ Financial Hardship – If checked, please provide a copy of your 2020 Federal Income Tax Form 1040
- ☐ Other: \_\_\_\_\_

**HAVE YOU PARTICIPATED IN SHOP WITH A COP IN THE PAST?**    ☐ Yes    ☐ No

**ARE YOU BEING REFERRED TO THE PROGRAM BY A PARTNERING POLICE DEPARTMENT?**    Yes ☐    No ☐

**WHO REFERRED YOU TO THE SHOP WITH A COP PROGRAM?**

- |                                           |                                            |                                             |                                        |
|-------------------------------------------|--------------------------------------------|---------------------------------------------|----------------------------------------|
| <input type="radio"/> Quakertown Borough  | <input type="radio"/> Marlborough Township | <input type="radio"/> Perkasié Borough      | <input type="radio"/> Warwick Township |
| <input type="radio"/> Bedminster Township | <input type="radio"/> Newtown Township     | <input type="radio"/> Richland Township     | <input type="radio"/> Other: _____     |
| <input type="radio"/> Dublin Borough      | <input type="radio"/> PA State Police      | <input type="radio"/> Springfield Township  |                                        |
| <input type="radio"/> Hilltown Township   | <input type="radio"/> Pennridge Regional   | <input type="radio"/> Upper Saucon Township |                                        |

**IF YOU ARE BEING REFERRED TO THE PROGRAM BY A PARTNERING QUAKERTOWN AREA SCHOOL, PLEASE LIST THE SCHOOL AND TEACHER NAME REFERRING YOU:** \_\_\_\_\_

**HAVE YOU APPLIED FOR ASSISTANCE FROM OTHER HOLIDAY HELP PROGRAMS?**    ☐ Yes    ☐ No

If yes, what programs have you applied for?

\_\_\_\_\_

**PLEASE CHECK ALL OTHER ASSISTANCE YOU RECEIVE:**

☐ School Lunches    ☐ Apple Child Care    ☐ LIHEAP    ☐ Other: \_\_\_\_\_

**SPECIAL CIRCUMSTANCES/COMMENTS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I certify that the information on this application is true and complete to the best of my knowledge.**

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

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**For Borough Use Only:**

\_\_\_\_\_ Assistance Approved                      \_\_\_\_\_ Number of Children Approved  
\_\_\_\_\_ Assistance Denied

Reason Denied: \_\_\_\_\_

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



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<p align="center"><b>QUAKERTOWN BOROUGH POLICE DEPARTMENT IN PARTNERSHIP WITH SURROUNDING LAW ENFORCEMENT AGENCIES PARTICIPANT RELEASE, DISCHARGE, WAIVER AND COVENANT NOT TO SUE</b></p>
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**Release from liability and covenant not to sue.** Each Participant and his/her parent or guardian agrees, for itself and its personal representatives, executors, administrators, heirs, next of kin and assigns, to release and discharge the Program (Quakertown Borough, Quakertown Police Department, Richland Township, Richland Township Police Department, sponsors, and promoters of any and all programs or any part thereof and each of their respective parents, subsidiaries, partnerships, stockholders, owners, governors, partners and other affiliates, and each officer, director, governor, shareholder, employee, other official, representative and agent of each of the foregoing, and all of the foregoing's respective successors and assigns), from, and waive in respect of each and covenant not to sue any for, any and all liabilities, losses, damages, costs, expenses (including but not limited to attorneys' fees and expenses), causes of action, suits and claims of any nature whatsoever, arising from, based upon or relating to personal injury or death to, or damage to or loss of property of, the Participant or his/her parent or guardian sustained in connection with the Participant's participation in the program or travel to or from the program's center. Such release, discharge, waiver and covenant not to sue shall include, but not be limited to, any and all such liabilities cause in whole or in part by the negligence of any in connection with such involvement with the program.

**Participant assumes Risk.** Each Participant and his/her parent or guardian is aware of and understands the inherent risks and dangers, and the potential for injury that exists when participating in such activities with the program, and agrees to assume all risk of and responsibility for personal injury or death to, or damage to or loss of property of, the Participant arising from, based upon or relating to Participant's participation in the program. Such assumption of risk includes, but is not limited to, any personal injury or death, or damage to or loss of property, arising from, based upon or relating to the lack of skill of any participant, the improper conduct of any Participant and the acts or omissions of any supervisory person involved with program, and any personal injury or death, or damage to or loss of property, caused in whole or in part by the negligence of any affiliate of the Program. Each Participant and his/her parent or guardian understands and agrees that, in the event of any injury to Participant, the Program will not be responsible for any decisions relating to medical treatment for Participant nor for such treatment as may be required.

**Right of Publicity.** Participation in the program shall constitute permission to use the name, likeness or any other identification of the Participant for advertising, publicity, instructional or any other purposes in connection with the program, without compensation to or right of prior review or approval by the Participant or his/her parent or guardian. Participant and his/her parent or guardian agrees, for itself and its personal representatives, executors, administrators, heirs, next of kin and assigns, to release, discharge, and not to sue the Program, from any and all liabilities arising from, based upon or relating to any claim for invasion of privacy, violation of right of publicity, defamation or appropriation, or any similar claim, in connection with any such use. This also includes that the child will or could be photographed for the purpose of this Program.

**Representations.** By signing below, each Participant and his/her parent or guardian states that he/she understands and agrees to the above and that the Participant is in good physical and mental condition, to participate in the program and is not subject to any medical condition that poses or may pose any risk or harm or disability to others.

\_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
Parent or Guardian Name (Please print)

\_\_\_\_\_  
Parent or Guardian Signature (Please sign)



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**SHOP WITH A COP WISH LIST**

A SEPARATE WISH LIST MUST BE SUBMITTED FOR EACH CHILD BETWEEN AGES 5-13.  
Additional Wish List Forms can be found at [Quakertown.org/SWAC](http://Quakertown.org/SWAC)

CHILD’S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

CHILD’S MAILING ADDRESS: \_\_\_\_\_

**CHILD’S WISH LIST:**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**WISHLIST FOR SIBLINGS AND GUARDIANS:**

_____	_____
_____	_____
_____	_____

COAT SIZE: _____	SHIRT SIZE: _____
PANT SIZE: _____	SHOE SIZE: _____
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**FOR BOROUGH USE ONLY:**

GUARDIAN DROPPING OFF CHILD: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ RELATION: \_\_\_\_\_

MY OFFICERS NAME/DEPARTMENT: \_\_\_\_\_