



**Borough of Quakertown Police Department
In Partnership with Surrounding Law Enforcement Agencies
2024 SHOP WITH A COP APPLICATION**



APPLICATION DEADLINE: FRIDAY, NOVEMBER 22, 2024

The Quakertown Police Shop with a Cop Program is designed to afford local families a better holiday. The 14th Annual Shop with a Cop will take place on Thursday, December 12 from 5pm-9 pm at the Quakertown Walmart.

APPLICATION PROCESS/GUIDELINES

Applications must be submitted to Borough Hall (35 N. Third Street, Quakertown, Attn: Shop with a Cop) or emailed to shopwithacop@quakertown.org. Applications will be reviewed, and the applicant will be notified of the status of their application. Incomplete applications will not be reviewed. Copies of the application and wish lists can be found at Quakertown.org/SWAC

ELIGIBILITY

Eligible applicants must be from the Greater Quakertown School District or referred to the program by a partnering Police Department. Children must be 5-13 years of age. Eligible families have been faced with life challenge such as homelessness, foster care, incarceration, loss of immediate family members, chronic medical condition of child, or financial hardship.

Families applying due to economic shortcomings must meet the PA Free School Meals program Eligibility below:

Family Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
2	\$36,482.00	\$3,041.00	\$1,521.00	\$1,404.00	\$702.00
3	\$45,991.00	\$3,833.00	\$1,917.00	\$1,769.00	\$885.00
4	\$55,500.00	\$4,625.00	\$2,313.00	\$2,125.00	\$1,068.00
5	\$65,009.00	\$5,418.00	\$2,709.00	\$2,501.00	\$1,251.00
6	\$74,518.00	\$6,210.00	\$3,105.00	\$2,867.00	\$1,434.00
7	\$84,027.00	\$7,003.00	\$3,502.00	\$3,232.00	\$1,616.00
8	\$93,536.00	\$7,795.00	\$3,898.00	\$3,598.00	\$1,799.00
Each additional family member add:	\$9,509.00	\$793.00	\$397.00	\$366.00	\$183.00

REQUIRED DOCUMENTS

1. Completed two-page application
2. Signed Release Waiver
3. Wish list for each child in the household
4. Applicants applying due to economic shortcomings must provide copies of 2023 Tax Forms for all Guardians. All applicants will be cross-referenced with the School District's Free Lunch Program.

Guardian Contact Information

Guardian 1	
First and Last Name	Spoken Language
Cell Phone	Email Address
Place of Employment	Occupation
Guardian 2	
First and Last Name	Spoken Language
Cell Phone	Email Address
Place of Employment	Occupation

Residence

Residence	
Address	School District
What Police Department serves your area?	

Household

List All Individuals in the Household						
First Name	Last Name	D.O.B.	Age	Gender	Relationship	School

Eligibility

Please select all that apply (REQUIRED)			
<input type="checkbox"/>	Financial Hardship – If checked, you must provide a copy of your 2023 Federal Income Tax Form for all parents/guardians.	<input type="checkbox"/>	Death of immediate family member (parent or sibling)
<input type="checkbox"/>	Foster Care	<input type="checkbox"/>	Incarceration of Parent/Guardian
<input type="checkbox"/>		<input type="checkbox"/>	Chronic Medical Condition of Child
<input type="checkbox"/>		<input type="checkbox"/>	Homelessness
Please further explain your reason for applying for Shop with a Cop (REQUIRED)			

Additional Assistance

Please select all that apply			
<input type="checkbox"/>	School Lunches	<input type="checkbox"/>	Apple Child Care
<input type="checkbox"/>		<input type="checkbox"/>	LIHEAP
Other (please explain)			

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

DO YOU HAVE TRANSPORTATION TO AND FROM THE EVENT? Yes No

Additional Holiday Assistance

Holiday Assistance Programs			
Shop with a Cop works with other Holiday Assistance Programs to avoid duplication and maximize support for families. If you receive assistance through Shop with a Cop, please do not apply for help from other programs for the approved children.			
Are you applying for assistance from another Holiday Program for your children 5-13 years old?	<input type="checkbox"/>	Yes	<input type="checkbox"/>
			No
If Yes, what children and what programs have you applied for?			

Children 4 years and Under

Toys for Tots			
Shop with a Cop works with Toys for Tots to provide toys for children ages 0-4 years. If you receive assistance through Shop with a Cop the committee asks you not to apply for assistance through another program.			
Would you be interested in receiving toys for your children 4 years and under?	<input type="checkbox"/>	Yes	<input type="checkbox"/>
			No
Are you applying for assistance from another Holiday Program for your children under 4 years?	<input type="checkbox"/>	Yes	<input type="checkbox"/>
			No

Referral

Referral for Shop with a Cop by a Partnering Police Department (must be a direct referral)	
Name of Referring Police Department	Name of Referring Officer
Phone Number	Email Address

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

Signature: _____

Date: _____

QUAKERTOWN BOROUGH POLICE DEPARTMENT IN PARTNERSHIP WITH SURROUNDING LAW ENFORCEMENT AGENCIES PARTICIPANT RELEASE, DISCHARGE, WAIVER, AND COVENANT NOT TO SUE

Release from liability and covenant not to sue. Each Participant (and its parent or guardian) agrees, for itself and its personal representatives, executors, administrators, heirs, next of kin and assigns, to hold harmless, release and discharge the Program, (Quakertown Borough, Quakertown Police Department, Quakertown School District, sponsors, promoters and their respective subsidiaries, partnerships, stockholders, owners, governors, partners, affiliates officers, directors, governors, shareholders, employees, officials, representatives, and agents, 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, Participant or its parent or guardian sustained in connection with Participant's participation in the Program or travel to or from the Program's center. Such hold harmless, release, discharge, waiver, and covenant not to sue shall include, but not be limited to, any and all such liabilities caused in whole or in part by the negligence of any covered person or entity in connection with such involvement with the Program.

Participant assumes Risk. Each Participant (and its parent or guardian) is aware of and understands the inherent risks and dangers, and the potential for injury that exists when participating in the Program and related activities, and agrees to assume all risk of and responsibility for personal injury or death to, or damage to or loss of property of, Participant arising from, based upon or relating to Participant's participation in the Program and related activities. 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 its parent or guardian) understands and agrees that, in the event of any injury to the Participant, the Program will not be responsible for any decisions relating to medical treatment for the 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 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 Participant or its parent or guardian. Participant (and its parent or guardian) agrees, for itself and its personal representatives, executors, administrators, heirs, next of kin, and assigns, to release, discharge, and not sue the Program, for any and all liabilities arising from, based upon or relating to any claim for invasion of privacy, violation of the right of publicity, defamation or appropriation, or any similar claim, in connection with any such use. This also includes that the Participant will or could be photographed for the purpose of this Program.

Representations. By signing below, each Participant and its parent or guardian states that it-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.

Verification of Eligibility. By signing below, the Participant and its parent or guardian verify that the statements made in the foregoing Application are true and correct to the best of their knowledge, information, and belief and acknowledge that false statements made herein are subject to the penalties of 18 Pa.C.S.A. Section 4904, relating to unsworn falsification to authorities. Moreover, Participant and its parent or guardian understand that the Borough will share their Application with the Quakertown Community School District to confirm said Participant's eligibility in this Program and grant permission for this sharing to occur.

Name of Child 1

Name of Child 4

Name of Child 2

Name of Child 5

Name of Child 3

Name of Child 6

Parent or Guardian Name (Please print)

Parent or Guardian Signature (Please sign)



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SHOP WITH A COP WISH LIST

Wish Lists are used by Officers at the event to help connect with the child and know what to shop for.
Shop with a Cop Applications will not be reviewed without a completed wish list for each child.

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

Child's Information

Child's Information		
First and Last Name	Spoken Language	Age
Mailing Address	School District or Police Department Jurisdiction	

Parent/Guardian Information

Parent/Guardian Picking Up Child		
First and Last Name	Spoken Language	Relation
Cell Phone	Email Address	

Child's Wish List

Child's Wish List – Please star any items that are considered a necessity/priority for the child			
Shoe Size	Pant Size	Shirt Size	Coat Size

Gift Cards, Gaming Gift Cards, Cell Phones, and items that promote violence are not permitted.

Sibling/Guardian Wish List (Children can purchase gifts for family members if they choose)

Family Wish Lists	

Is there anything you do not want your child to buy or anything the officers should be aware of when shopping with your child?
