

5 Municipal Way

Langhorne, PA 19047

2020 SHOP WITH A COP BACK TO SCHOOL APPLICATION

The Middletown Township Shop with a Cop Back to School Program is designed to alleviate some of the financial stressors related to the cost to get the kids back to school. Eligible families must submit their application to Middletown Township Police Department to participate in the program. All application records are kept strictly confidential. Incomplete applications will not be reviewed. It is the responsibility of the applicant to make sure the application is complete.

APPLICATION PROCESS/GUIDELINES

Applications must be submitted to the police station (5 Municipal Way Langhorne, Attn: Officer Melissa Robison). Or emailed to mrobison@mtpd.org. Applicants will be notified of the status of their application.

ELIGIBILITY

Eligible applicants must be from the Neshaminy School District, surrounding townships or boroughs, or referred to the program by a partnering Police Department. Children must be 5-17 years of age. Eligible families have been faced with a life challenge such as loss of job, homelessness, military deployment, economic shortcomings, difficulties related to COVID-19 or other hardship.

REQUIRED DOCUMENTS

- 1. Completed two-page application
- 2. Signed Release Waiver
- 3. Wish list

CONTACT INFORMATION PI	ease print clearly		
Name:		School District:	
Address:			
Home Phone:		Cell:	
Best Method of Contact:			
		Occupation:	
LIST OF ALL CHILDREN IN H	OUSEHOLD:		
Last Name First Name D.C	D.B. Gender Relation	nship School	

Last Name	First Name	D.O.B.	Gender	Relationship	School



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P	LEASE	CHECK	ALL	THAT	APPL	.IES:
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- o Loss of employment for parent/guardian
- o Recent loss of a loved one
- o Military Family
- o Immediate household family member is in poor health
- o Foster Care / Adoption
- o Homelessness

 Incarceration of parent/gua 	dian
o Financial Hardship	
 Hardship directly related to 	the COVID-19 pandemic
o Other :	
HAVE YOU PARTICIPATED IN SHO WHO REFERED YOU TO THE SHOP	P WITH A COP BACK TO SCHOOL IN THE PAST? Yes No WITH A COP PROGRAM? NCE FROM OTHER PROGRAMS? Yes No
	HAS CREATED A HARDSHIP FOR YOUR FAMILY:
	n this application is true and complete to the best of my knowledge.
Signature:	Date:
For Township Use Only:	
Assistance Approved	Number of Children Approved Assistance Denied
	Data



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MIDDLETOWN TOWNSHIP 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 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 (Middletown Twp Police Department, Lower Southampton Police Department, Newtown Township, Newtown Borough, any other participating Police Departments, 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 Signature (Please sign)	Parent or Guardian Name (Please print)



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SUPPLY LIST

CHILD'S NAME:	_ AGE: _	GRADE:	
TEACHER(s) NAME:			
CHILD'S SUPPLY LIST:			
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	_		
	_		
CLASSROOM SUPPLIES:			
CLASSROOM SUPPLIES:			
			
	_		
CLOTHING/FOOTWEAR NEEDS (include si	zes for e	each item type):	
FOR TOWNSHIP USE ONLY:			
GUARDIAN DROPPING CHILD OFF:			
PHONE NUMBER: MY OFFICERS NAME/DEPARTMENT:		RELATION:	