2018 Police Youth Live-In Camp

Application

ONLY APPLICATIONS ACCOMPANIED BY A RECOMMENDATION FORM WILL BE ACCEPTED

APPLICATION DEADLINE IS MARCH 16, 2018

PLEASE PRINT		
Name:		
Parent/Guardian:	Email Address:	
Address:		
City:	Zip: Cell:	
Birthdate: Current Age:	Male Female Race:	
School Attending:	- NO CONTRACTOR OF THE CONTRAC	
School Phone Number: — C	ounselor/Teacher Name:	
Authorization for Records Check:		
	ool district/system to review and release the records of: INT child's name), for the purpose of admission to the Police Youth Live In program. Pursuant to the	
application, I understand that this information will be information will be kept confidential and used for about	e used for the limited purpose of helping to determine the admissibility of your child to this program. Such we mentioned limited purposes only.	
Signature of Parent/Guardian:	Please Print the Signature Name Below:	
Date:		
Health Information:		
List any medication the applicant takes and for what c	condition:	
Does the applicant have any limitation in physical acti	ivities? If so, please explain:	

Space is limited, please secure your space by mailing or dropping off your application at 3917 West 12th Street.

RECOMMENDATION FORM 2018 POLICE YOUTH LIVE IN -- LITTLE ROCK

All recommendations must be completed by a LRPD Officer/Employee, Teacher, School Counselor, or School Principal

Briefly tell us about this young person. How can this youngster benefit from participating in this camp experience? Are there any family/other situations that would be helpful information to the counselors who will be working with this child? Please describe the young person's behavior. All information is confidential. Race and gender help ensure diversity in room and group assignments. We would also appreciate your verifying the young person's age.

nature of Recruiter [NOT A PARENT		Phone	Date
GENDER	VERIFIED AGE		
E OF CHILD			

DO NOT COPY